[Anamnesis and myelography in the preoperative assessment of lumbar spinal stenosis. Results of a postoperative follow-up study]

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Between 1987 and 1991, 33 patients with spinal stenosis of the lumbar spine were treated by decompression (33 patients) and posterior fusion (30 patients). Indication for decompression was based on case history and lumbar myelography with flexion/extension views. At follow-up 1-5.5 years later, 28 patients were happy with the results of the treatment and would be willing to be operated on again in a similar situation. Two other patients also presented objectively good results, but were dissatisfied for reasons not related to the operation. Our study shows that myelography and case history are adequate investigations for determination of the level of pathology and for making a decision about operative decompression in spinal stenosis of the lumbar spine. CT or MRI are only needed if the symptoms of the patient are not explained by the myelogram. Although MRI is advocated as the investigation of first choice for lumbar spinal stenosis, we still prefer the myelography, which is easier to interpret during the operation. Our study also shows that operative treatment of spinal stenosis is very rewarding, since 9 out of 10 patients will have good results. We usually combine decompression and fusion. Decompression alone is only performed in patients without any back pain and with stable motion segments after adequate decompression.