pressure sores (2), recurrent urinary infections (3), superficial infection (1) and paralytic ileus (1).

CONCLUSIONS: Incomplete CEBlesions bear recovery potential even after late surgery. Better pre-op neurology correlates with outcome. Persistent foot drop is common. Socially acceptable bladder recovery correlates with patient satisfaction. Canal clearance anteriorly should be attempted wherever possible.

FDA DEVICE/DRUG STATUS: This abstract does not discuss or include any applicable devices or drugs.

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BACKGROUND CONTEXT: C5 nerve root palsy is a well-recognized but poorly understood complication following cervical decompression. The majority of the literature on this complication comes from review of posterior cervical procedures, however it has also been recognized after anterior cervical corpectomy. The effects of resection of the posterior longitudinal ligament (PLL) on the development of C5 palsy have not been published.

PURPOSE: To identify factors associated with C5 Palsy after anterior cervical corpectomy and fusion.

STUDY DESIGN/SETTING: Retrospective Review.

PATIENT SAMPLE: 459 patients that underwent anterior cervical corpectomy.

METHODS: We reviewed 459 consecutive cervical corpectomy procedures performed by a single surgeon and analyzed these cases for factors that correlated with the development of C5 palsy including resection of the PLL and presence of ossified posterior longitudinal ligament. 63 patients were excluded due to lack of adequate follow up or preoperative weakness excluding the ability of the surgeon to detect C5 palsy.

RESULTS: 396 patients were reviewed to determine a palsy rate of 6%. This was slightly higher in Anterior/Posterior procedures (8%) versus anterior only corpectomy and fusion (5%) but this was not statistically significant. Increasing age was found to be significant (61.5 vs 55.3 yo (p=0.01)). Increasing number of corpectomies, and presence of OPLL was also significantly correlated with the development of C5 palsy. Complete resection of the PLL was associated with a higher palsy rate (8%) versus no or partial resection (5%), but this did not reach statistical significance (p=0.14). The study was underpowered to detect this difference.

CONCLUSIONS: Multiple factors correlated with the development of C5 palsy including: increasing age, the presence of OPLL (Odds Ratio=2.87) and three or more corpectomy levels (Odds Ratio=4.81). While we observed a higher rate of palsy with complete resection of the PLL this did not reach statistical significance. Understanding these factors may help surgeons counsel their patients of the probability of this complication.

FDA DEVICE/DRUG STATUS: This abstract does not discuss or include any applicable devices or drugs.

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BACKGROUND CONTEXT: There is an increasing emphasis on the Level of Evidence (LOE) amongst the published scientific research papers. Our previous study showed that there is inadequate understanding on the Level of Evidence and poor inter-observer agreement amongst the peer group in determination of LOE on abstracts, submitted for presentation in a scientific meeting.

PURPOSE: The purpose of this study was to evaluate the use of a ‘decision-tree algorithm’ in improving inter-observer agreement in the determination of LOE.

STUDY DESIGN/SETTING: Decision making process.

PATIENT SAMPLE: 115 abstracts / full papers, submitted for presentation in a scientific meeting of an International Spine Society were read by two independent observers, four months apart, in a blinded fashion.

OUTCOME MEASURES: The intra- and inter-observer agreement between the two authors were compared using percent agreement (PA or %) and Adjusted Percent Agreement (APA).

METHODS: Observation I (on Abstract alone) : 115 abstracts were rated by two independent reviewers (Observer I and Observer II) for determination of: 1. Study-Type (basic science, therapeutic, diagnostic, prognostic and economics/decision analysis) 2. Level of Evidence (LOE) for clinical science papers (excludes basic science papers) Observation II (on Full paper+decision-tree) : Four months later, the same reviewers were given the same 115 abstracts in a different order, to blind them of their previous observation; but this time they were given full papers in addition to the abstracts, as well as a ‘decision-tree’ for LOE determination.

RESULTS: Study Type determination: Intra-observer agreement for Study-Type determination between Observation I and II were 61.9% (APA 0.492) for the first observer and 92.9% (0.905) for the second observer. Inter-observer agreement for Study-Type determination for Observation I was 52.4% (APA 0.365) and for Observation II was 76.2% (APA 0.683). The addition of full paper and decision-tree improved Study-Type determination compared to reading the abstracts alone. LOE determination: LOE agreement was poor for both the observations, for all the 115 abstracts/papers combined, secondary to differences in Study-Type determination. When the Study-Type matched between Observations I and II, both the observer had moderate degree of intra-observer agreement for LOE. [Observer I=52.9% (APA 0.373), Observer II=57.5% (APA 0.434)]. In contrast when Study-Type between their two observations did not match, the intra-observer agreement was poor. [Observer I=46.2% (APA0.282), Observer II=25% (APA 0)]. Inter-observer agreement followed a similar trend. When the Study-Type matched between two Observers, the inter-observer agreement for LOE was 56.8% (APA 0.424) for Observation I (on abstract alone) and 60% (APA 0.467) for Observation II (on full paper with decision-tree). In contrast, when the Study-Type did not match between the two Observers, the inter-observer agreement for LOE dropped to 39.4% (APA 0.192) for Observation I (on abstract alone), and 17.6% (APA –0.098) for Observation II (on full paper with decision-tree).

CONCLUSIONS: The inclusion of full paper improved the Study-Type determination by both the observers compared to reading abstract alone. The LOE determination improved only marginally when full papers were read together with the use of decision-tree. Such agreement depends highly on.
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