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## Case Report

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### [Anterior Laparoscopic Approach Combined with Posterior Approach for Lumbosacral Neurolysis: A Case Report](#)

Background and importance: Sacral fractures often lead to injuries of the lumbosacral nerve, which will cause tremendous damage to the patient's motor and sensory functions. At present, the most commonly used surgical method is the posterior median approach, the extent and degree of neurolysis are often insufficient, so the effect of neurolysis is not well, and the functional recovery of patients after operation is often incomplete.

Clinical presentation: The patient was a 17-year-old male who accidentally fell from a height and landed on his hip. The main clinical feature of the patient was persistent radiating pain in the right lower extremity with right lower limb sensorimotor disorder. The results of the X-ray examination indicated a sacral fracture and a right pubic fracture. After the injury, the patient underwent pelvic internal fixation surgery within 72 hours. Then 6 months after the surgery, there was no significant improvement in right lower limb function, and the patient came to our hospital seeking treatment. Considering the severe lumbosacral plexus injury and the history of surgery, we performed an "Anterior surgery approach combined with posterior approach for lumbosacral neurolysis" for the patient, postoperative radiation pain disappeared completely, and there were significant improvements in the muscle strength of some muscles and sensory function.

Conclusion: The relaxation of the lumbosacral plexus is usually performed through a single surgical approach, which has great limitations in the effect of relaxation. Here, we demonstrate a case in which posterior lumbar incision and anterior laparoscopic lumbosacral plexus neurolysis can benefit the patient, the lumbosacral nerve was released to a great extent. We aim to bring this case to the attention of our worldwide neurosurgical colleagues and share our surgical approach to assist those who may encounter this case in the future.

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## Mini Review

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### [Persistent Lumbar Pain and Fever: Osteomyelitis as Diagnosis Challenge](#)

Objective: This study aimed to evaluate the clinical characteristics and diagnostic challenges associated with osteomyelitis in patients presenting with persistent lumbar pain and fever.

Methods: We conducted a descriptive observational study, reviewing four cases of osteomyelitis diagnosed at our hospital's Emergency Department in 2022. Data on patient demographics, medical history, clinical presentation, diagnostic methods, and treatment outcomes were analyzed.

Findings: The cases included middle-aged to elderly men, with predisposing factors such as urological interventions and immunodeficiency. Imaging studies, particularly CT-scan and MRI, were instrumental in diagnosing lumbar spondylodiscitis. Biopsies revealed lymphoplasmacytic infiltrates and treatment responses were positive in all cases after eight months of follow-up. The study highlights the importance of considering osteomyelitis in the differential diagnosis of lumbar pain and fever, necessitating multidisciplinary collaboration for timely management.

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## Case Report

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### [Superior Gluteal Artery Pseudoaneurysm following a Periacetabular Osteotomy](#)

Periacetabular Osteotomy (PAO) is the gold standard for the treatment of hip dysplasia or acetabular retroversion. Due to the proximity of intra-pelvic arteries, there is a risk of iatrogenic vascular injuries, which can present with a delay and should be part of the differential diagnosis of significant pain following a PAO.

We present the case of a never-described vascular injury following a periacetabular osteotomy in a 25-year-old woman who presented with gluteal pain 3 weeks after surgery. A delayed diagnosis of a pseudoaneurysm of the superior gluteal artery was made and successfully treated by embolization. The lesion is most probably related to the tip of a screw or to the drilling process.

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