

Poster 274**Revision Surgery after Plasma Disk Decompression for Treatment of Symptomatic Lumbar Intervertebral Disk Herniations.**

Adil Ali, MD (University of Michigan, Ann Arbor, MI); Michael T. Harris, MD; Matthew Smuck, MD.

Disclosures: A. Ali, None.

Objective: To determine the rate of revision surgery after plasma disk decompression (PDD) in patients with symptomatic lumbar intervertebral disk herniations.

Design: Retrospective study.

Setting: University spine center.

Interventions: All patients treated with PDD at a university spine center between 2/2003 and 7/2007 were identified. To be included in the study, subjects were required to have either a minimum of 1 year documented follow-up, or have an additional spine surgery anytime after the PDD. Records of included subjects were then reviewed to determine subject age, gender, pre-treatment MRI findings, date and level of PDD, complications, type and level of any subsequent spine surgery, and last medical visit.

Results: Of 65 patients identified, 47 met the above inclusion criteria; average age was 45 (range 29-71) and 21 (45%) were female. Average follow-up was 24.7 months (range 12-36 months). Thirty-six (77%) had no additional surgery. Eleven (23%) had subsequent surgery at an average OF 7.7 months after PMD. Surgeries included: 3 laminectomy, 3 microdiscectomy, 4 segmental fusion, and 1 spinal cord stimulator.

Conclusions: PDD is FDA approved for percutaneous disk decompression. Pre-clinical studies have demonstrated safety without the complications associated with other percutaneous discectomy techniques. As PDD is considered an alternative to open surgical procedures for patients with small protrusion-type lumbar disk herniations, the avoidance of more invasive surgery by most at an average 2 year follow-up is a relevant outcome.

Keywords: Spine, Plasma disk decompression, Percutaneous decompression, Pain rehabilitation.

Poster 275**Sacroiliac Joint Dysfunction after Ilio-lumbar Screw Fixation and the Role of a Therapeutic Joint Injection: A Case Report.**

Gabriel J. Marrero, MD (Jackson Memorial Hospital University of Miami Miller School of Medicine, Miami, FL); Andrew L. Sherman, MD.

Disclosures: G. J. Marrero, None.

Patients or Programs: This 49-year-old woman presented with severe left buttock pain. She had a history of adolescent scoliosis, flat back syndrome and pseudoarthrosis requiring multiple spine surgeries, the final one being a L3 to left iliac wing screw fixation. Her pain was rated 10/10 in the left buttock and worse over several months. Pain was characterized as burning in the buttock and posterior thigh,

aggravated by standing, walking, bending forward, and relieved laying supine. Physical examination revealed tenderness below the left sacroiliac joint area. Multiple sacroiliac stress tests including FABER and Gaenslen maneuvers were abnormally painful. A diagnostic and therapeutic sacroiliac joint injection under fluoroscopic guidance was performed in her left sacroiliac joint, on the same side of the pelvic screw.

Setting: University based tertiary academic spine center.

Results: The sacroiliac joint injection with Ropivacaine and Betamethasone resulted in nearly complete pain relief. Utilizing fluoroscopy, no difficulty was encountered to enter the joint despite the screw in the ipsilateral pelvis. Pain relief lasted 4 months. Identical injections have been repeated every 4 months and have kept her pain free for the last 2 years. Functionally, she has maintained her job full time, full leisure activities, and gym exercise 4 times per week.

Discussion: Sacroiliac joint dysfunction is a frequent cause of chronic low back pain. Therapeutic solutions include intra-articular injection often followed by rehabilitation. This particular successful injection after a ilio-lumbar screw fixation is the first to our knowledge reported such case.

Conclusions: This case suggests that the sacroiliac joint should be considered as a potential source of lumbar pain in the setting of ilio-lumbar screw fixation. Despite the hardware placed on the same side, an intra-articular sacroiliac steroid injection can be performed safely and effectively under fluoroscopy as an option to both diagnose the source, and reduce the severity of the pain.

Keywords: Pain, Low back pain, Injections, Sacroiliac Joint.

Poster 276**Seated MRI for Patients with Tailbone Pain: A Case Series.**

Patrick M. Foye, MD (UMDNJ: New Jersey Medical School, Newark, NJ); Renee Enriquez, MS4; Evish Kamrava, MS4.

Disclosures: P. M. Foye, None.

Objective: To assess the radiologic findings obtained via seated MRI (magnetic resonance imaging) of the sacrum and coccyx in patients with tailbone pain. This is believed to be the first case series ever reported of seated (weight bearing at the coccyx) MRI in a group of patients with a primary complaint of tailbone pain.

Design: Retrospective chart review of MRI results.

Setting: Academic-based physiatric outpatient pain management practice with a dedicated Coccyx Pain Service.

Participants: 12 patients (7 female and 5 male, average age 45.9 years) with coccydynia (tailbone pain) who had undergone seated MRI of the sacrum and coccyx. Clinically, all 12 patients had a chief complaint of focal coccygeal pain, including coccydynia while sitting. 10 of these patients also had increased coccygeal pain during the transition from sit-to-stand. All 12 had physical examination findings of focal coccygeal tenderness.

Interventions: Not applicable.