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DYNAMIC INTERSPINOUS STABILIZATION WITH COFLEX®: OUR EXEPERIENCE IN 53 CASES WITH 7 MONTHS TO 29 MONTHS FOLLOW-UP.

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We undergone 53 patients to dynamic stabilization with interspinous device (Coflex®) for lumbar stenosis, joint facet syndrome, “black disc” (with or without disc herniation and/or Modic degeneration), recurrence of herniated disk, epidural scar, I grade lumbar listhesys not reducible and without spondilolisys, all clinical manifest and after failure of conservative treatment. The mean follow-up is twelve months and fifty patients reported complete pain and neurological recovery and motion preservation. Three patients did not experience a pain improvement and resulted unsatisfied. We did not report infections, hematomas, neural lesions or spinous process ruptures. In three cases with severe lumbar stenosis we produced a dural perforation sutured and covered with fat patch and fibrine glue without any CSF leakage. Just in one case, with very severe lumbar stenosis, we observed a cauda equina’s syndrome and we undergone the patient to the interspinous device removal and cages’ implantation stand alone.

We consider dynamic interspinous stabilization with Coflex® device less invasive and really useful, safe and effective specially considering the large surgical indications, low complications’ rate and the good clinical outcomes reported. However, the ability in the lumbar canal “reaclibrage” and the possible need to shift surgical strategy “in itinere”, we suggest this technique, in I ° lumbar listhesys and sever lumbar stenosis, for expert spinal surgeon alone.