SCI原著論文中文摘要：

1. 中文題目：低階脊椎滑脫的病人接受固定融合手術其腰椎前凸之改變和術後結果之關係

2. 英文題目：The Correlation Between Restoration of Lumbar Lordosis and surgical Outcome in the Treatment of Low-grade Lumbar Degenerative Spondylolisthesis with Spinal Fusion

3. 作者群：徐賢達1 楊緒棣2 陳子勇3

4. 單位群：1台北慈濟醫院神經外科  2台北慈濟醫院泌尿科  3沙鹿光田醫院神經外科

摘要內容：

Study Design: Retrospective clinical study.
Objective: To investigate the relationship between the restoration of the lumbar lordosis (LL) and the surgical outcome of patients undergoing spinal fusion for low-grade lumbar degenerative spondylolisthesis.

Summary of Background Data: Correlation between low back pain and the loss of LL in the treatment of low-grade lumbar degenerative spondylolisthesis has seldom been reported.

Methods: Between May 2005 and July 2011, 59 patients with low back pain and neurogenic claudication due to low-grade lumbar degenerative spondylolisthesis underwent spinal decompression and fusion by a senior surgeon. Ten patients were lost to followup. The mean age of the remaining 49 patients (10 men and 39 women) was 64.0 years (range, 47–88 y). Patients were categorized on the basis of the spino-pelvic posture: type 1 [pelvic incidence (PI)<45 degrees] (n=12), type 2 (45 degreesrPIr60 degrees) (n=24), and type 3 (PI>60 degrees) (n=13). The LL restoration ratio was calculated by the actual LL divided by the predicted LL. The clinical results were evaluated using a visual analogue scale and the Oswestry Disability Index. Postoperative 36-inch spinal films were used to assess the sagittal balance.

Results: The mean follow-up period was 43.2 months (range, 28–62 mo). Forty-eight patients showed significant improvement with respect to visual analogue scale and Oswestry Disability Index regardless of whether the LL was restored higher or lower. Postoperative 36-inch spinal films showed the C7 plumb line to be within an average of 4.4 cm (range, 0.6–5.6 cm) from the posterior-superior corner of the S1 vertebrae.

Conclusions: Patients with smaller PI tended to be restored higher, and those patients with a larger PI were more likely to be restored lower. For patients with normal sagittal balance, the surgical outcomes in the treatment of low-grade lumbar degenerative spondylolisthesis with spinal fusion are not correlated with restoration of the LL.

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7. SCI 影響係數：2.202 （Orthopedics；排名 20/72，百分比 28%）
8. 本論文在學術上之重要發現或貢獻：低階脊椎滑脫的病人接受固定融合手術，需考慮其矢狀平衡(sagittal balance)。若是正常矢狀平衡，則術前和術後的腰椎前凸之改變，並不影響術後結果。