



COMPANION ANIMAL

Clinical Cases Award



Laminotransversal wiring in feline spinal stabilization: A retrospective study in 20 cats

Omer Besalti, Prof. Dr.

Faculty of Veterinary Medicine, Ankara University, Surgery Department. 06110, Diskapi, Ankara, Turkey

besalti@hotmail.com

Conclusion

Laminotransversal wiring is a safe, versatile and cost effective technique in stabilization of feline spinal instability, and requires less operative time and surgical skill.

References

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Omer Besalti, Prof. Dr.; Pinar Can, PhD; İlayda Pazarbasilar, DVM; Eren Uslu, DVM

Introduction

Many spinal stabilization techniques was reported in spinal instability although the limited numbers explained for cat spinal instrumentation. Segmental stapling and vertebral body plating are reported in cat with spinal instability. However, spinous process are too weak for segmental stapling which is most commonly used technique, the failure is not rare. The objective of this study was to report the outcome of the laminotransversal wiring stabilization in cats with traumatic spinal instability (TSI).

Materials and Methods

Medical records of cats admitted to Ankara University Faculty of Veterinary Medicine Department of Surgery and underwent laminotransversal wiring stabilization between 2008 and 2018 were reviewed. Clients willing to take care of their cats with TSI, with (n=5) or without (n=15) deep pain sensation were included. Sublaminar wiring at the fractured and/or luxated segments, and 4 bilateral subtransverse process wiring (one segment cranial and one segment caudal) to the rod curved as rectangle which placed supralaminary was applied in cases with T11-L6 (n=13) lesion. Sublaminar and one segment subtransversal wiring in cases with L6-L7 (n=4), and just sublaminar in cases with L7-S1 (n=2) and sacrococcygeal (n=1) lesion was applied.

Results

In this study, T11-T12 luxation (n=1), T13-L1 fracture and luxation (n=2), L2-L3 fracture and luxation (n=2), L2 facet and burst fracture (n=1), L4-L5 fracture (n=1), L5-L6 fracture and luxation (n=4), L5 burst fracture (n=2), L6-L7 fracture and luxation (n=4), lumbosacral luxation (n=2), and sacro-coccygeal luxation (n=1) were subjected. There was no neurological deterioration or implant failure in any cases. Seven cases did not show any improvement on neurologic status and 13 became ambulatory except for 3 cases with persistent bilateral tibial paralysis 2 months after the surgery.