

CT-guided percutaneous injection of the fibrin glue by "double needle" technique for the treatment of sacral cysts. [Chinese]

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Abstract:

Objective: To analyze the efficacy and safety of CT-guided percutaneous injection of the fibrin glue by "double needle" technique to treat sacral cyst. **Methods:** Clinical data of 20 cases with "double-needle" injection of fibrin glue technology to treat sacral cyst were retrospectively analyzed. All patients had varying degrees of sacral nerve root compression symptoms. The treatment for sacral cyst was carried out after clear diagnosis was made. On the basis of CT-guided percutaneous injection of fibrin glue, the improved CT-guided percutaneous injection of fibrin glue by "double-needle" technique was used to treat these patients. The average dose of fibrin glue was (5.9 ± 2.4) ml. The clinical results of improvement as to pain and neurological function were evaluated after follow-up of an average of 17 months. The assessment criteria were as follows; excellent, complete resolution of signs and symptoms, with the patient returning to his or her regular employment and no recurrence of cysts during 1 year of follow-up, good, symptoms and signs in the legs and perineal region resolved but with persistent pain in the lumbosacral region, which did not interfere with the patient's regular work (the cysts did not recur for 6 months during follow-up), fair, no improvement in clinical symptoms, but a decrease in cyst size on the imaging study, poor, no improvement in clinical symptoms and no observed changes in cyst size in imaging studies or recurrence. **Results:** Most patients experienced some degree of pain relief and functional improvement after fibrin glue therapy, with most experiencing complete or marked resolution of clinical symptoms. Nine patients reported excellent recovery, 8 reported good recovery, 2 reported fair recovery, and 1 reported poor recovery. The overall percentage of positive outcomes (excellent

and good recovery) was 85%. No serious postoperative complications were discovered.

Conclusions: CT guided percutaneous injection of the fibrin glue by "double needle" technique to treat sacral cyst is an ideal method. "Double needle" technique is simple, safe and reliable.

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