

SURGICAL SELECTION CRITERIA OF PATIENTS WITH PARKINSON'S DISEASE AND POSTSURGICAL THERAPY MANAGEMENT

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The main tendency of modern functional neurology and neurosurgery is desire for minimally invasive treatment with destructive technology renaissance on new safety level with neurophysiological navigation monitoring and modern postsurgical therapy management. During the period January 2013 - April 2014, 134 patients have undergone stereotactic deep brain structure radiofrequency lesioning. Patients group included 73 male and 61 female, age 41 to 75 years, with late stage pharmacology resistant Parkinson disease (3 Hoehn and Yahr score). In group with Parkinson disease 56 patients underwent unilateral ventro-dorsal pallidotomy and 78 patients - ventro-intermediate thalamotomy. In all cases, surgery allowed improving the quality of live, average tremor and rigidity regression in contralateral limbs was 62% (UPDRS scale), dystonias and levodopa-induced dyskinesias were 76% less common. The main life quality changing improvements were as follows: 93% (UPDRS) decrease in contralateral limb tremor and rigidity and 67% (UPDRS) decrease in distony and dyskinesias. In the early post-operative period, transitional disorientation was reported in three cases (8,6%), emotional lability was reported in nine cases (26%). There were 2 cases (3.6%) with postoperative complications. The flexible medical management and system usage might help to decrease the duration of hospitalization, to gain better treatment results and will improve post-operative life quality in general.

