



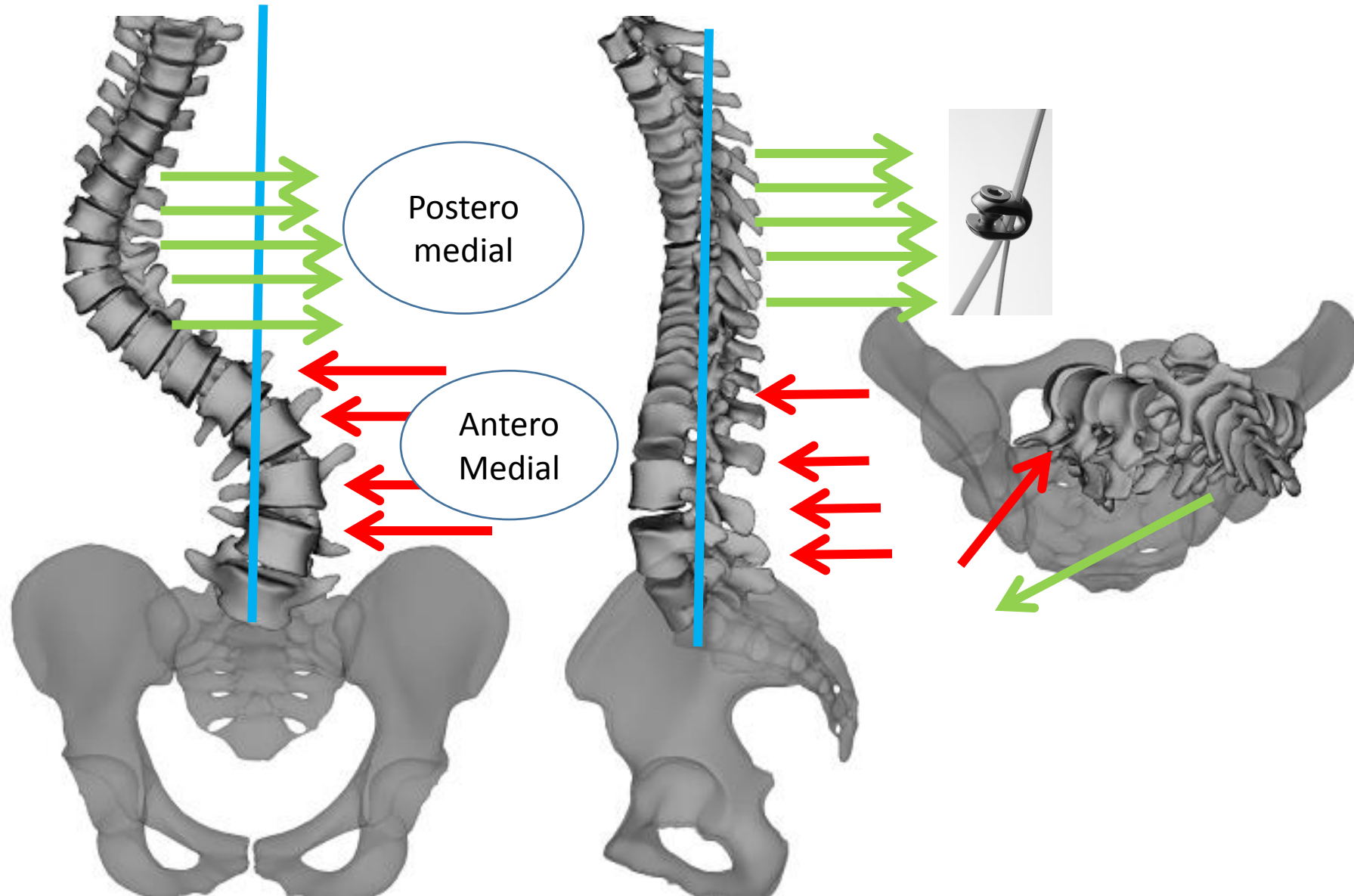
JAZZ Case Studies

2015



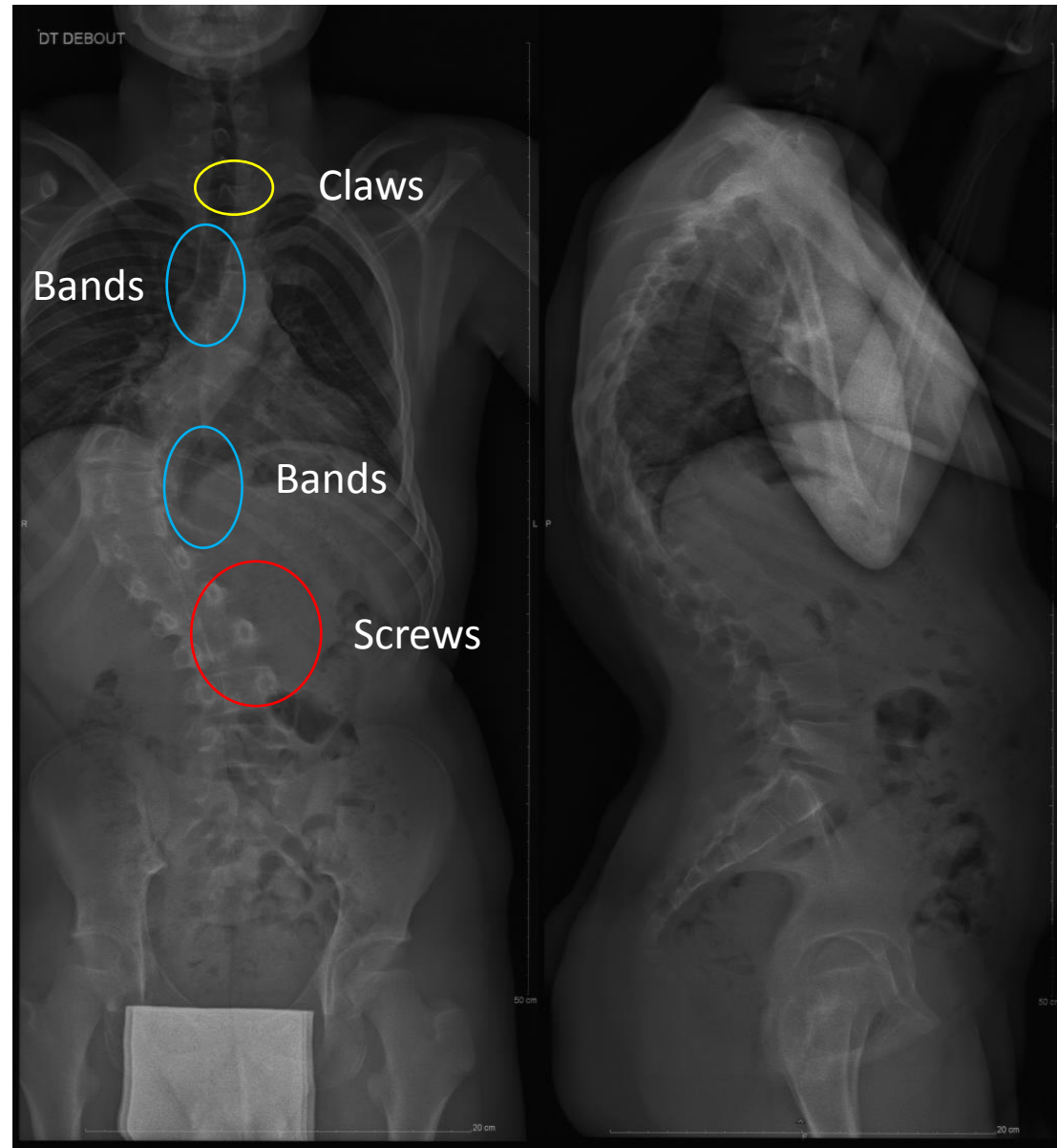


JAZZ Strategy: Adolescent Scoliosis





JAZZ Strategy: Adolescent Scoliosis



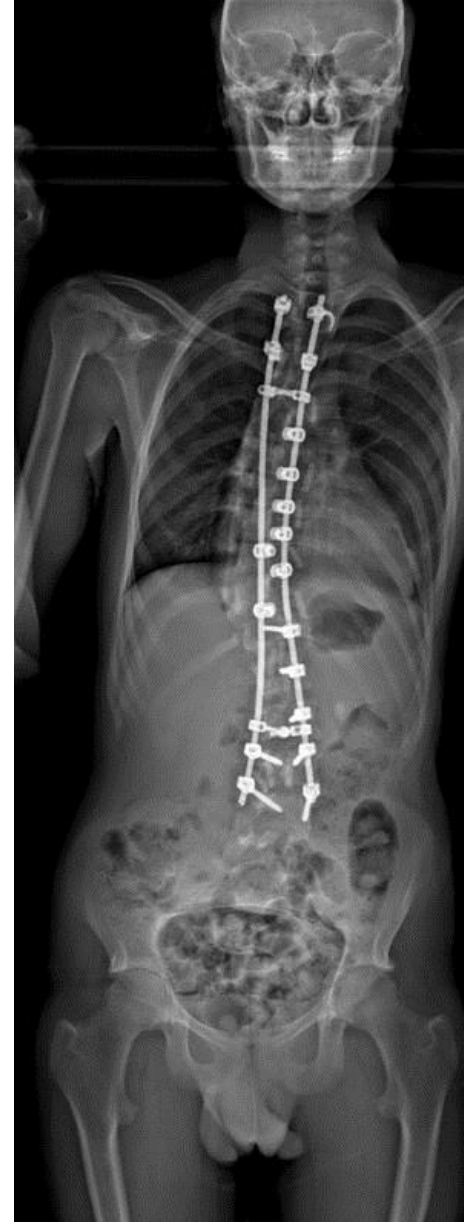


AIS: Thoracic Curve



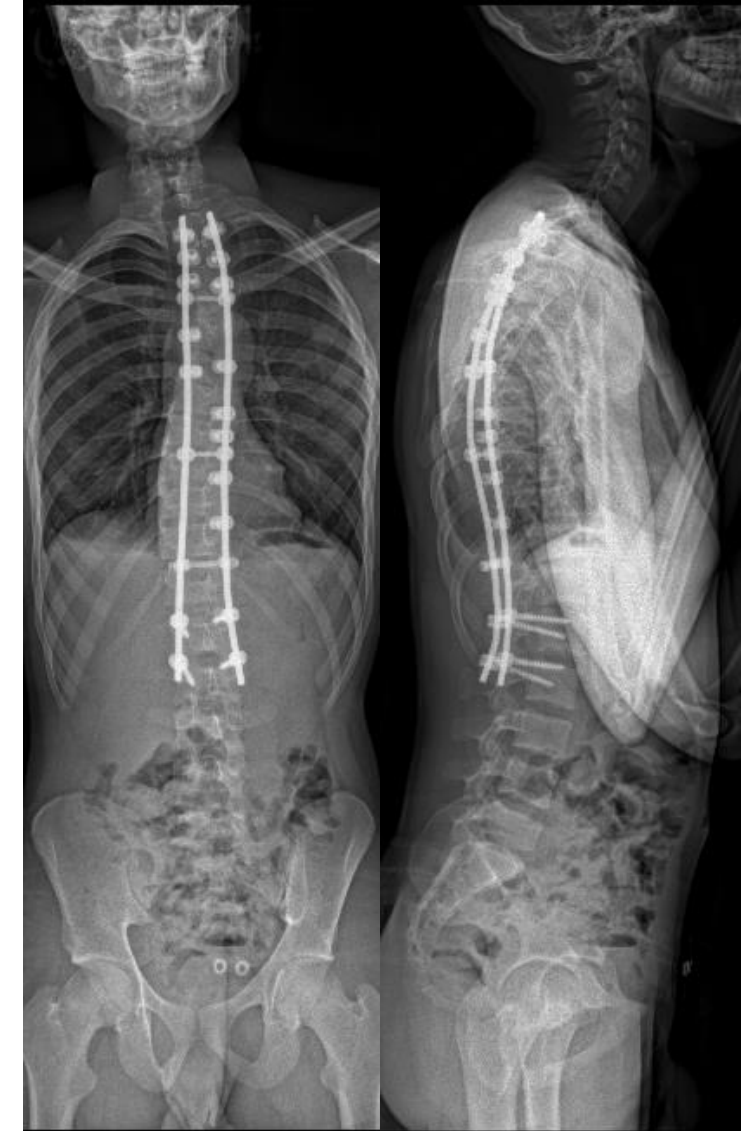
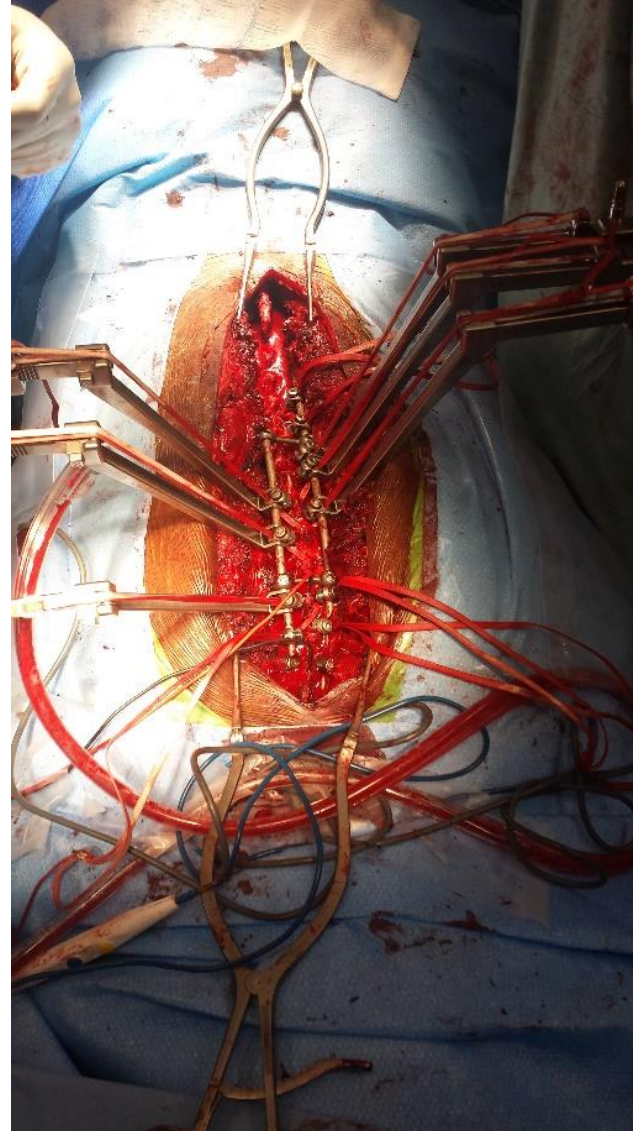


AIS: Thoracic Curve



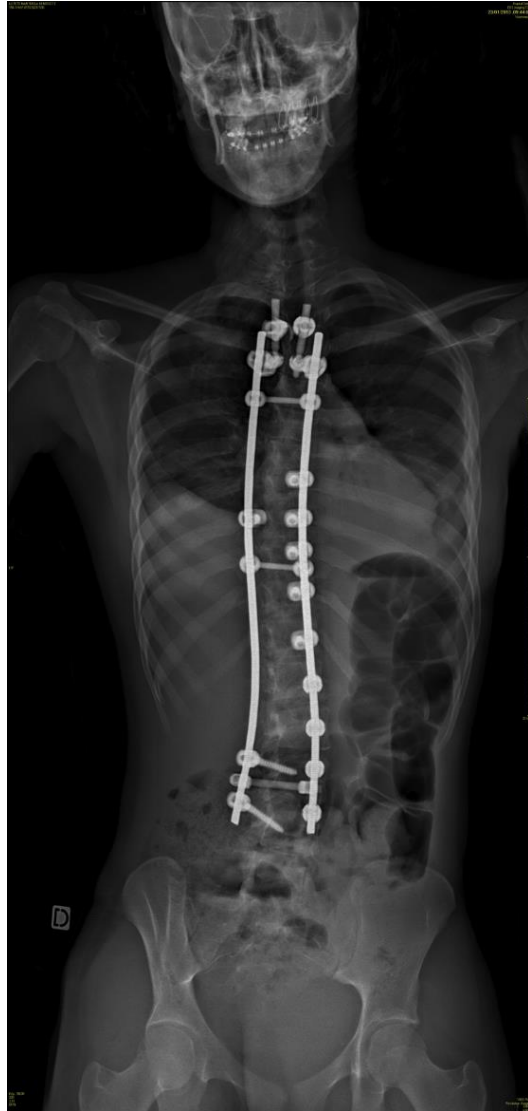


AIS: Double Thoracic Curve



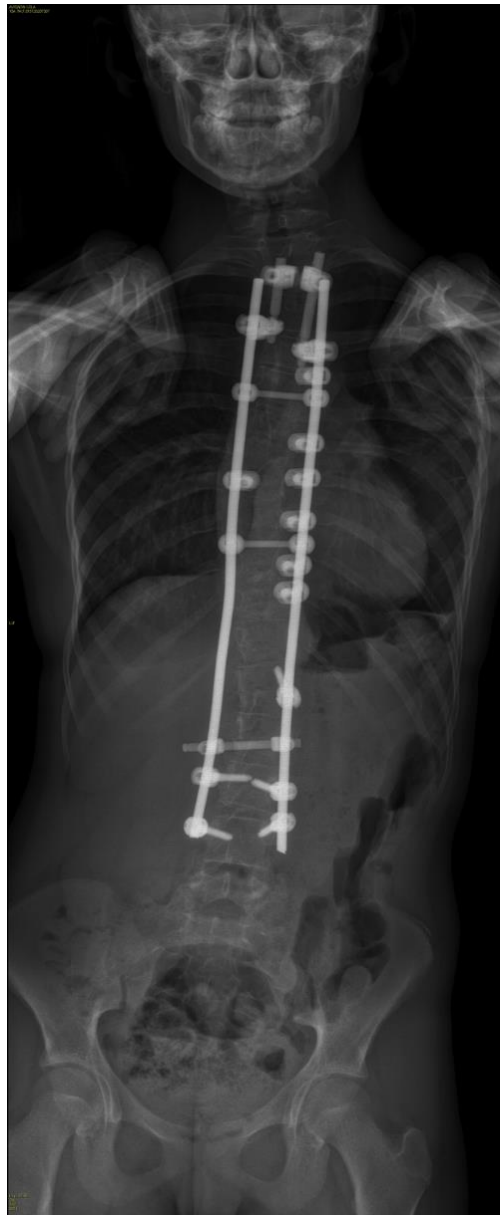


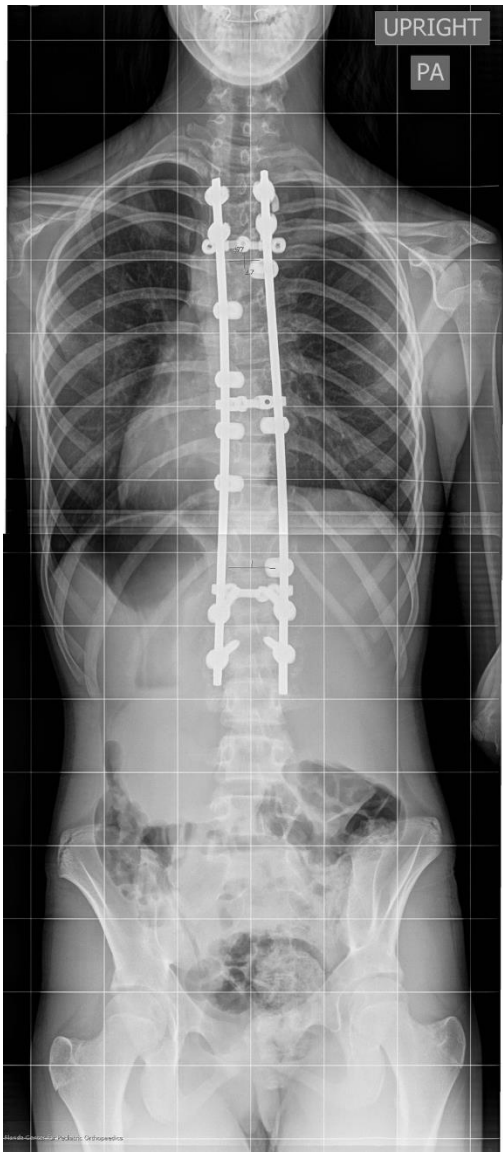
AIS: Thoracic Curve





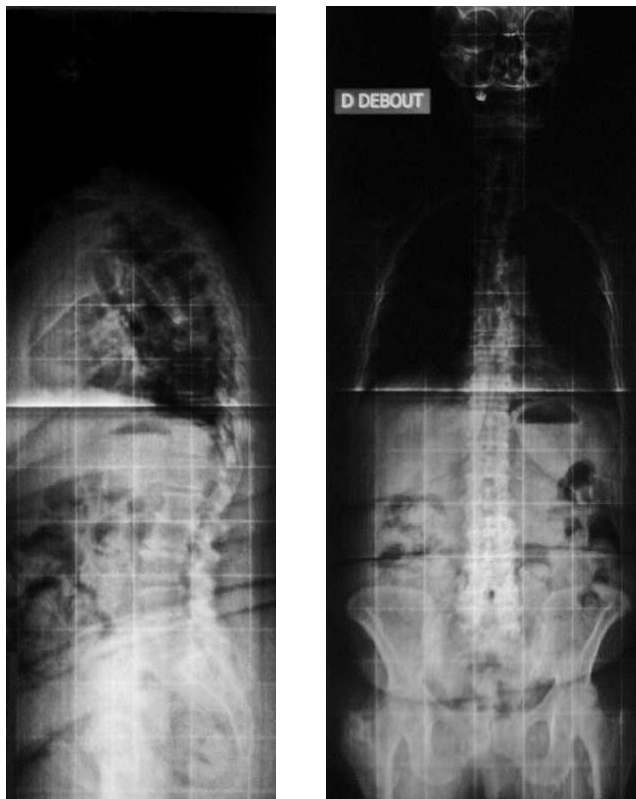
AIS: Thoracic Curve







Screw Protection: stenosis and progressing kyphosis



- 78-year-old patient
- Obese (1,52 m; 78kg)
- Osteoporotic: TScore <-2.5)
- Severe canal narrowing with back pain
- Progressing kyphosis
- Preoperative ODI 62%



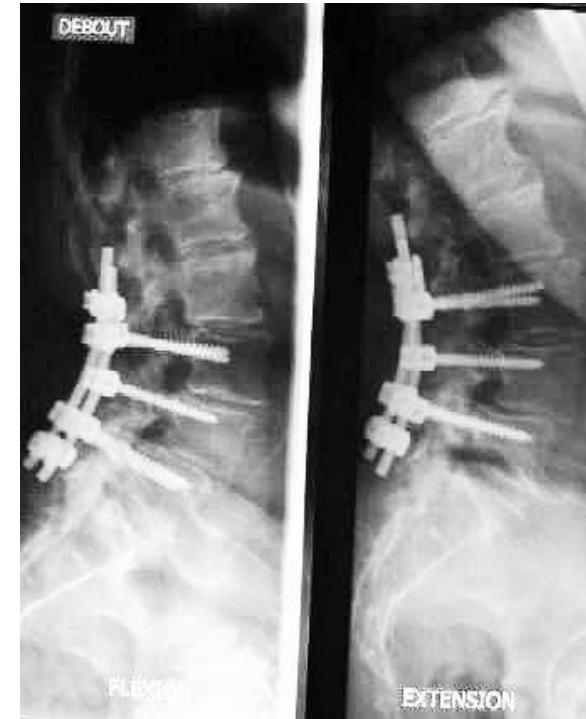
- Laminectomy L3-L4 with kyphosis correction
- Screw stabilization at L1-L3-L4-S1
- Screw protection with JAZZ at both extremities: L2 and L5
- Last follow-up : 12 months, ODI 42%



Screw Protection: mobile spondylolisthesis



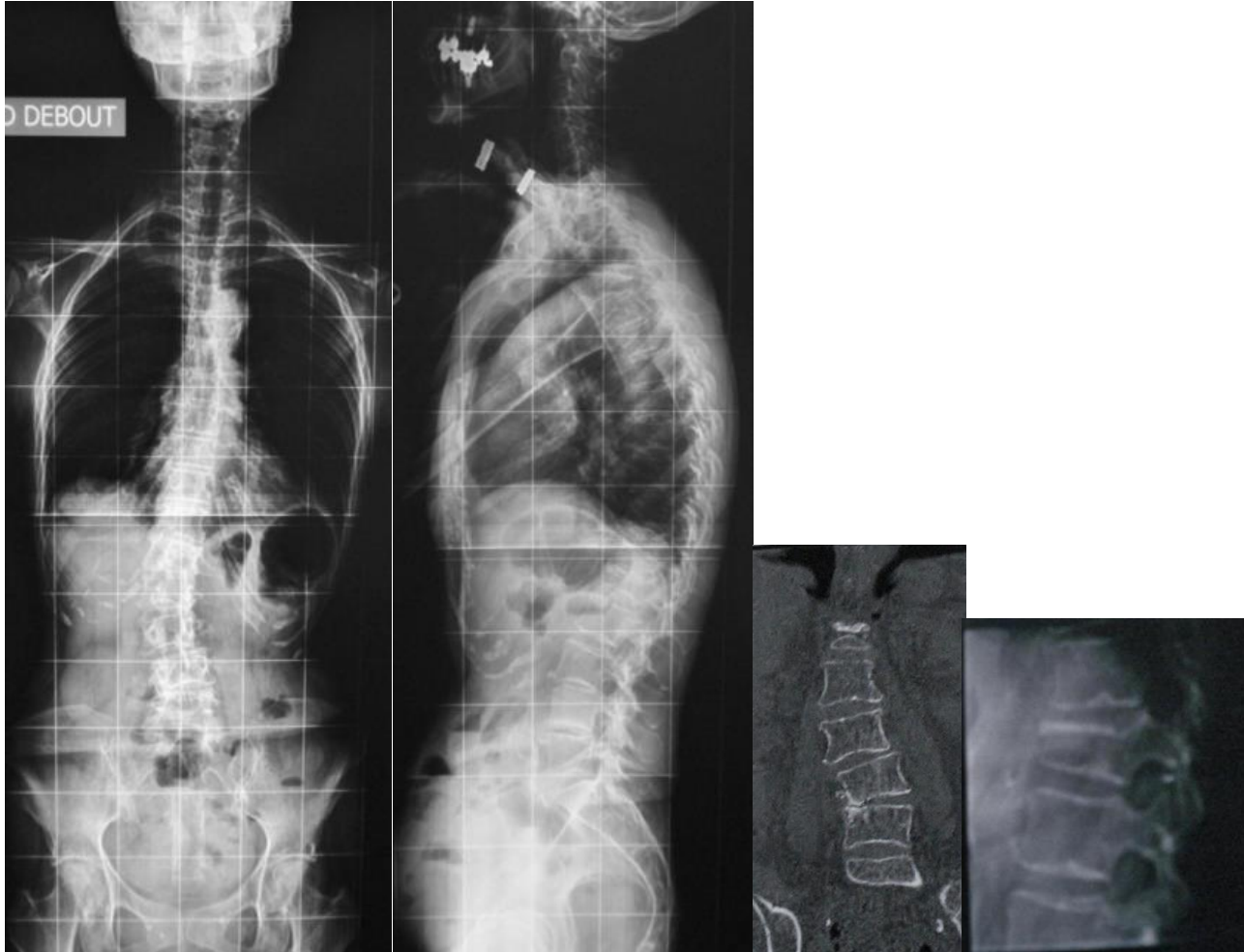
- 71-year-old female
- Obese (BMI=36.2)
- Severe canal narrowing (Walks <100m)
- Chronic back pain
- Preop ODI: 52%
- Lumbar stenosis with mobile spondylolisthesis L3-L4 and L4-L5, X-ray and MRI confirmed



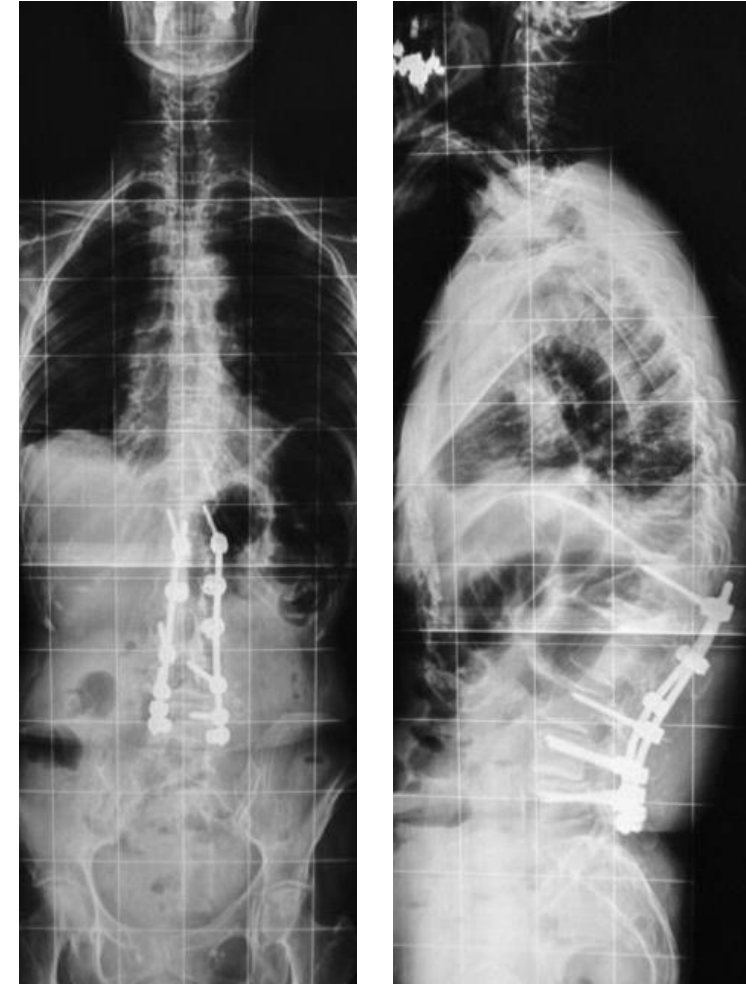
- Risk of spondy destabilization with simple decompression
- Strong fixation needed due to patient's weight & bone quality
- L3 / L4 laminectomy w/ screw fixation L3-L4-L5
 - Note: L4 screw was removed due to intra-op loosening
- **L2 / L5 Jazz protect extremity screws to prevent risk of progressive mobilization**
- At 1 year follow-up the clinical (ODI=22%) and radiological results are good with no evidence of mobilization



Reoperation of a previous disk surgery



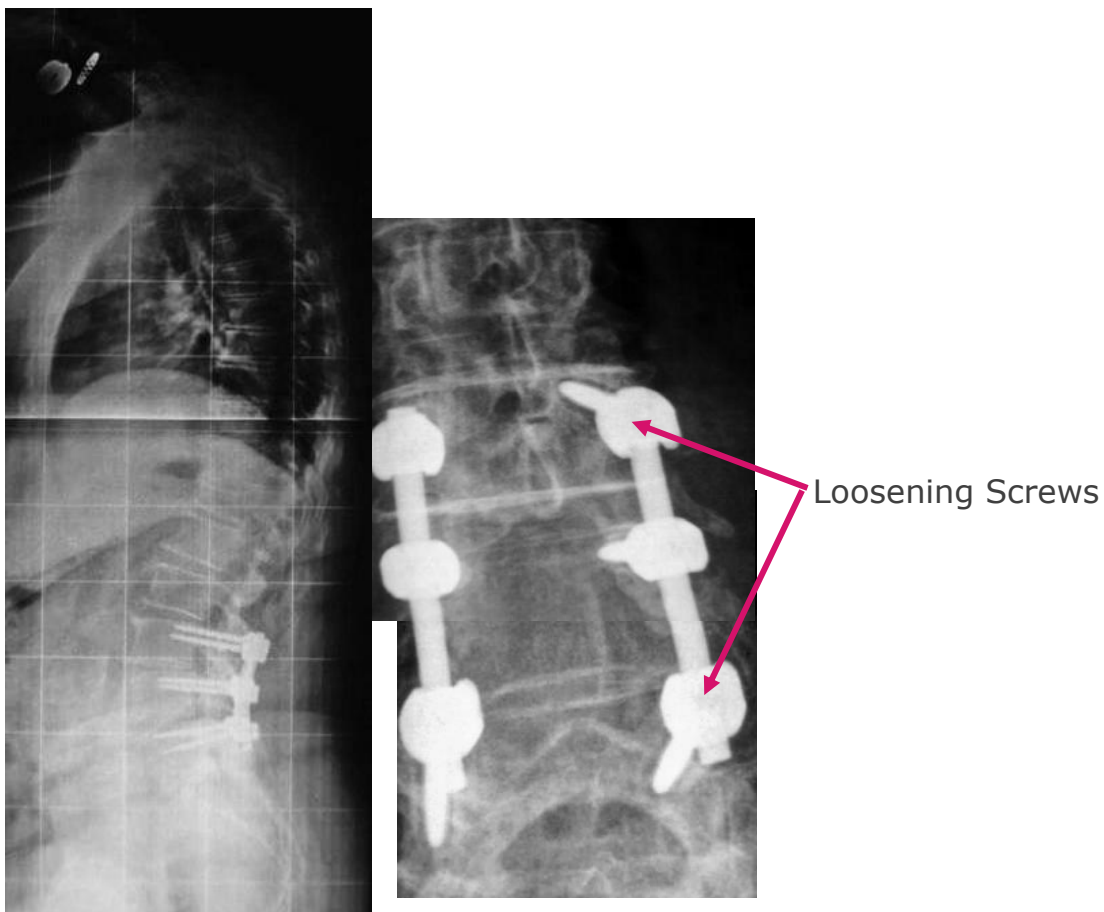
- 69-year-old patient, sciatica and back pain
- Operated 6 months previously for L4-L5 disk herniation
 - Poor immediate result with sciatica + major lumbago
- Inflammatory asymmetric discopathy and L1 fracture collapse
- Revision: root liberation, instrumentation T12-L5
 - bypass of L1 and preservation of the L5-S1 space
- ODI 50 %



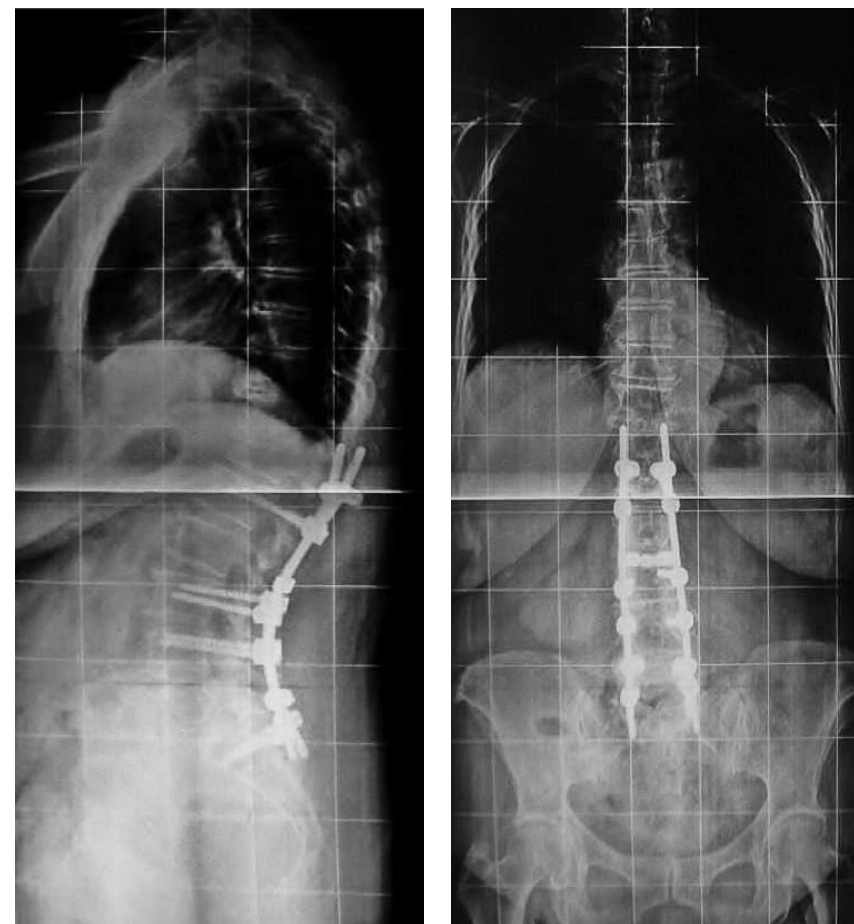
- Rods fixed with bilateral screws at T12, L4, L5 and convex side of L3
- **JAZZ on the concave side of L2**
 - Used to reduce the frontal deformation
- **4 additional JAZZ at L1 and L5 for screw protection**



Reoperation of a construct with loose screws



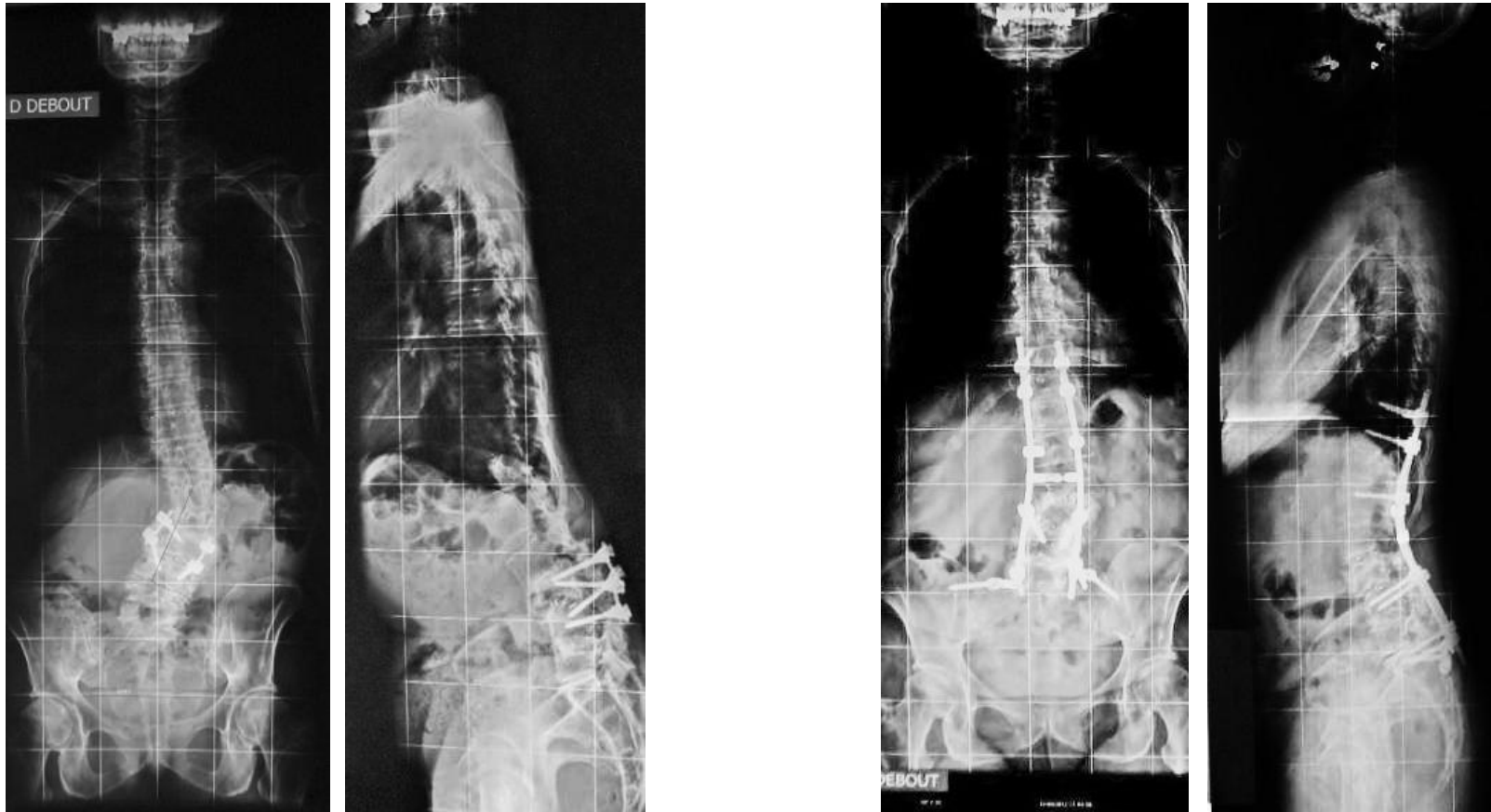
- 79-year-old patient
- Operated at another institution: Sciatica due to a stenosis treated with L4 laminectomy and L3-L5 arthrodesis (justified?)
- Full relief of sciatica but progressing severe back pain
- Lumbar pain, ODI 58 %
- Diagnosis: Loosening screws related to poor pedicles



- Revision: Instrumentation T12-S1
- L1, L3, L4, S1 screws
- **Protection of the extremities with JAZZ**
 - T12 (proximal L1 protection)
 - L5 (distal S1 protection)
- ODI: 30% at 6 months FU



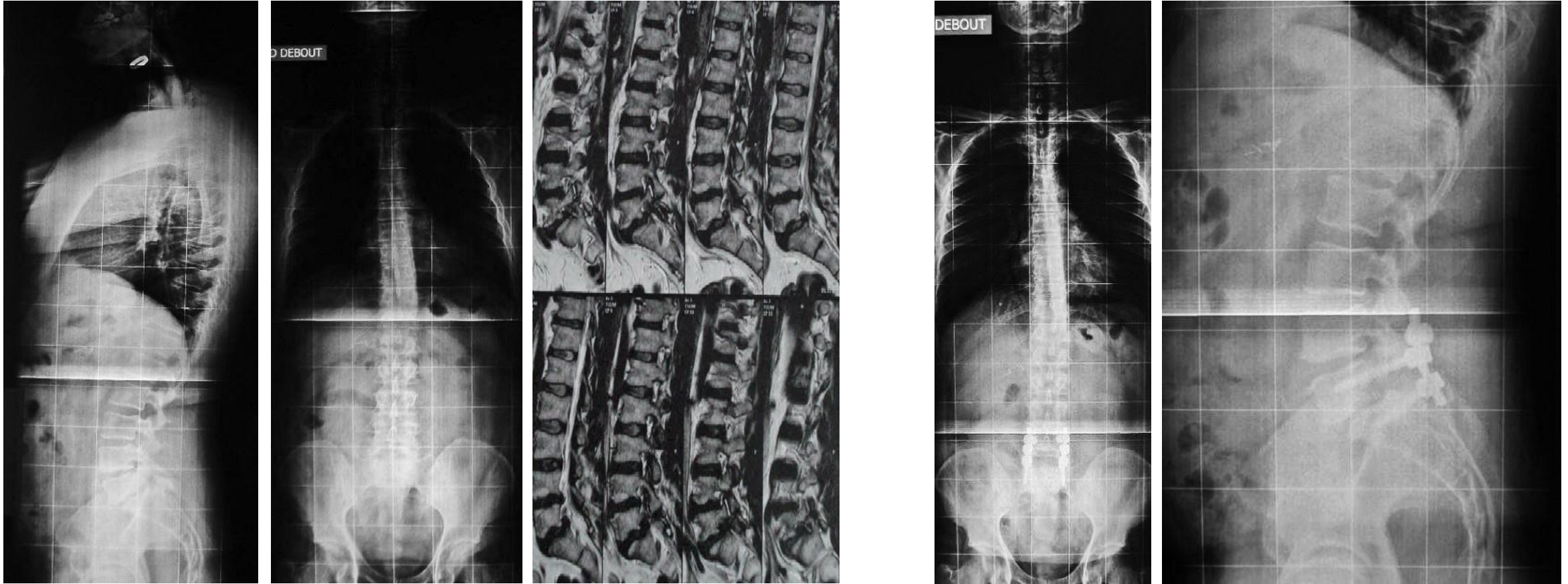
Reoperation of an evolving spondylolisthesis



- 61-year-old rheumatoid patient
- Paralyzing crural neuralgia related to L3-L4 spondylolisthesis treated with posterior instrumentation and cage
- Preop ODI: 42 %
- Progression towards new spondylolisthesis above (sagittal deformity) and scoliosis with short curvature radius
- Reoperation: Sagittal and frontal correction by vertebral osteotomy, cage at L2-L3, osteotomy L2
- **JAZZ in the concavity of L2 to reduce the frontal disorder**
- ODI: 28 % at 18 months FU



Short construct in young patient

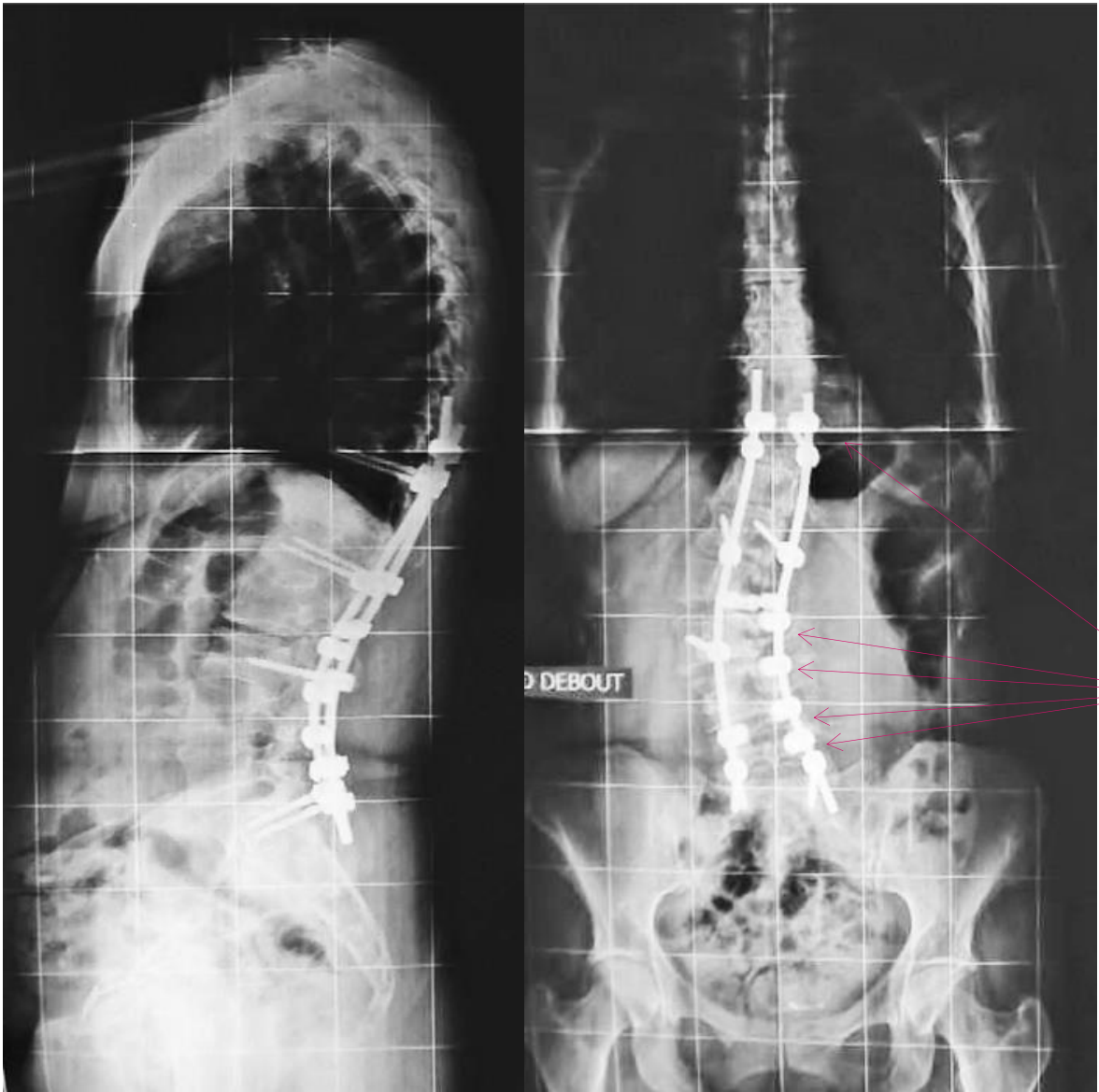
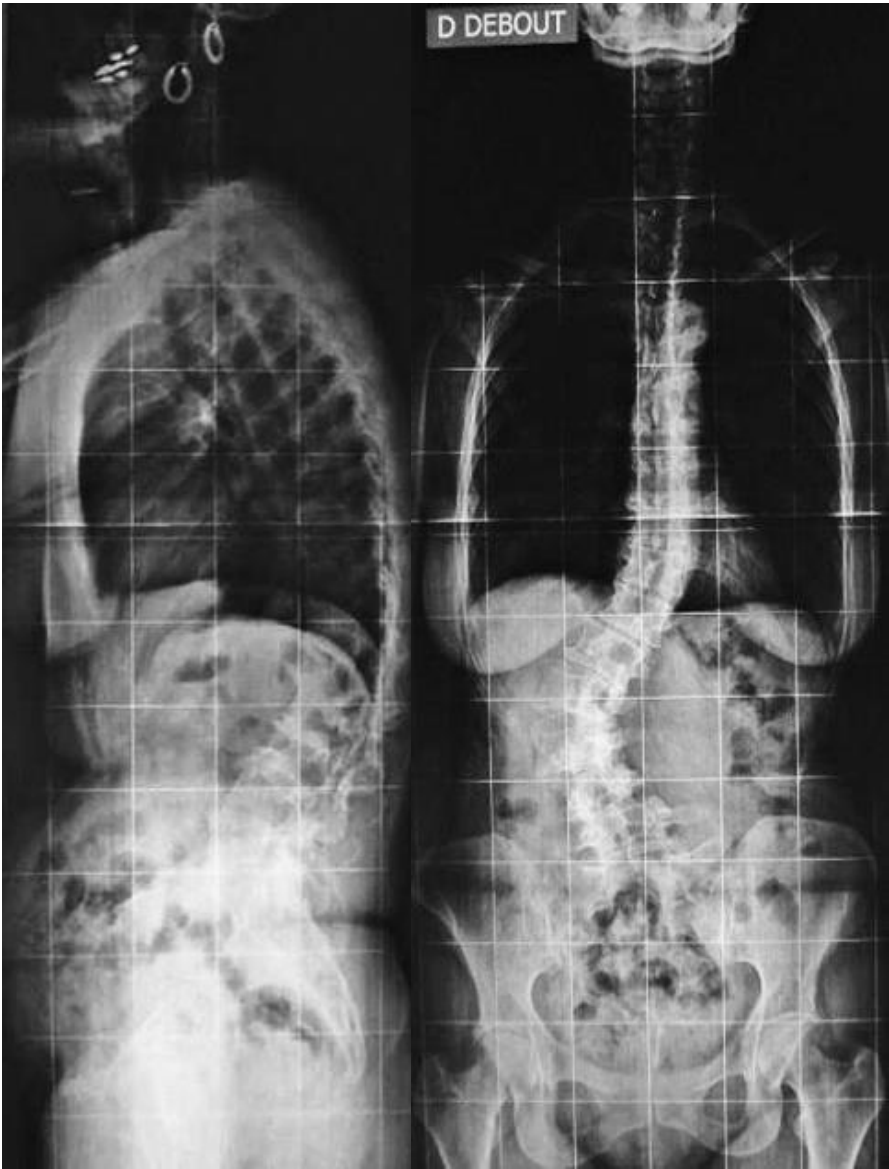


- 32-year-old male
- L5-S1 spondylolisthesis
- L4-L5 discopathy
- Preop ODI: 36 %

- JAZZ placed on the vertebra above the construct
 - Allows reduction in the number of fused elements
 - Lowers the transition stresses on an already degenerative adjacent level
- ODI: 18% at 6 month follow-up



Adult scoliosis

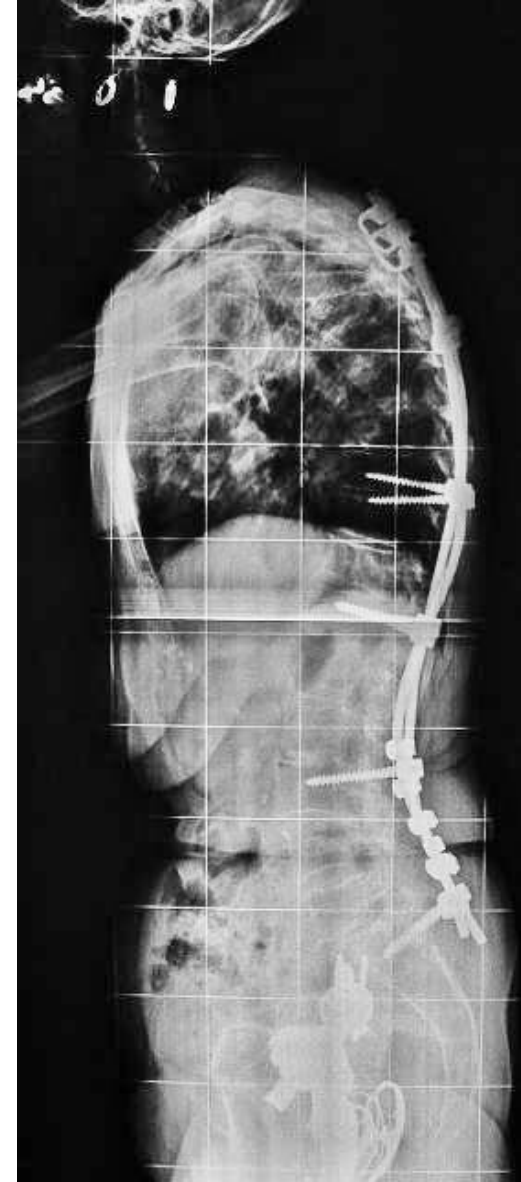


Jazz
T10, L2, L3,
L4, L5

- Adult scoli
- 52-year-old
- 6 month fu
- ODI 28%



Adult scoliosis



- 72-year-old
- Very stiff scoliosis
- ODI 32 %
- 8 month fu
- 85% Cobb ang improvement



Adult scoliosis

