

INTRODUCTION

The spine remains a most challenging subject. Every new advance in surgical technique or diagnostic capability opens up new possibilities for treatment. There is reason to believe that we are on the threshold of even greater moves forward (*Wiltse, 1997*).

Anterior approaches to the lumbar spine are an important part of the spine surgeon's training. These approaches are utilized for the correction of neoplastic, congenital, inflammatory, traumatic and degenerative spinal disorders. These approaches are technically difficult and many neurosurgeons prefer to work with general surgeon during exposure of the lumbar spine (*Gregory and Stephen 2000*).

Decompression and anterior internal fixation offers the possibility of immediate postoperative stability, restoration of normal alignment, early patient mobilization and single surgical approach, potentially shorter hospital stay, but there is surgical risk of vascular complication due to lack of familiarity with the anterior approach and according to the approach there is regional specific complications in addition to risk of infections (*Peter 1996*).

History :

Anterior surgical decompression of lumbar spine became a widely utilized technique in response to the prevalence of tuberculous lesions of the mid-1900s. It was reasoned that anterior neural compression could best be treated with anterior decompression. Since that time anterior decompression for pyogenic osteomyelitis, rigid kyphotic deformities, tumors (both primary and metastatic), and trauma has been widely accepted. Authors thought that anterior grafting favored fusion because of

better blood supply and bone contact; also, the graft is under compression. Internal fixation devices are indicated when spinal stability has been compromised either iatrogenically by surgery or by the disease process (*Muller et al., 1991*). Evidence exists that internal fixation may improve fusion rates as well as accelerate rehabilitation. The untoward effects of decreased activity are minimized. It is therefore useful in the treatment of failed posterior fusion or if posterior internal fixation is impossible (*Peter, 1996*).

AIM OF THE ESSAY :

The aim of this essay is to discuss different anterior approaches to the lumbar spine (open and endoscopic). Their indications, operative procedures, complications and post operative follow up. And to prove that anterior approaches is superior to the posterior approaches in management of different lumbar spine diseases.