

수술중신경계감시 중 얻어진 모니터링 결과들이 다양할 경우의 해석



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Case-Based Learning III INM (Intraoperative Neurophysiologic Monitoring) How should we interpret when the monitoring modalities (ex SEP, MEP) are inconsistent or complex?

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Intraoperative neurophysiologic monitoring (INM) is mainly used for preventing injury of neural tissues and finding specific neural elements during surgery. The strength of INM is that it provides real-time recognition of functional impairment, when still reversible, can prevent permanent postoperative neurologic deficits. INM employs a wide variety of modalities such as motor evoke potentials (MEP), somatosensory evoked potentials (SEP), electroencephalography, electromyography, brainstem auditory evoked potentials, and visual evoked potentials. Correct and prompt interpretation of changes in waveforms of recorded potentials is very important for successful INM. most cases. Sometimes we encounter that the results of monitoring modalities are inconsistent with each other. For example, MEP is normal but only SEP is abnormal or MEP abnormal and SEP normal. In this session, we will discuss the inconsistent or complex of INM results.

Key Words: Intraoperative neurophysiologic monitoring, monitoring, motor evoked potentials, somatosensory evoked potentials, interpretation