

# Changing Patterns in Surgical Management of OPLL in the U.S.: Comorbidities, Complications, and Cost

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## INTRODUCTION:

Ossification of the posterior longitudinal ligament (OPLL) is a rare spinal condition that can lead to significant neurological deficits. While prior research has focused predominantly on Asian populations, contemporary data on OPLL surgical management in the United States remains limited.

## METHODS:

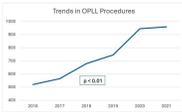
Using the National Inpatient Sample (NIS) from 2016 to 2021, we identified patients undergoing surgery for OPLL. Patients were stratified by surgical approach: anterior fusion (AF), posterior fusion (PF), decompression only, and combined anterior-posterior fusion. Demographics, hospital characteristics, postoperative complications, length of stay, and hospital charges were compared using weighted analyses. Multivariable models adjusted for age, sex, comorbidity burden, and hospital factors.

## RESULTS:

Among 4,415 patients, AF (45%) and PF (36%) were the most common procedures. Combined approaches were least frequent (2.9%) but were associated with the longest hospital stay (8.85 days,  $p < 0.001$ ) and highest total charges (\$249,221,  $p < 0.001$ ). PF had the highest neurological complication rate (17.6%,  $p < 0.001$ ), especially in patients with diabetes (24.7%) and hypertension (22.3%). Dysphagia occurred more frequently after combined (15.4%) and AF (8.5%) procedures ( $p < 0.001$ ). PF was associated with increased rates of DVT (3.1%) and PE (0.6%) ( $p < 0.001$ ). Surgical site infections and hardware removal were most common in the combined group (7.7% each,  $p < 0.001$ ). Diabetes, chronic kidney disease (CKD), and congestive heart failure (CHF) were the most common comorbidities associated with complications across all surgical approaches.

## DISCUSSION AND CONCLUSION:

Surgical interventions for OPLL have increased in the U.S., with a shift toward PF over time. While PF may be associated with lower functional complications, it carries higher neurologic and thromboembolic risks in medically complex patients. Comorbidity-informed surgical planning is critical. These findings highlight the importance of individualized approaches that consider both anatomical and systemic risk factors in the management of OPLL.



Approach	AF	PF	Decompression	Combined	Total
Number of Patients	1,995 (45%)	1,605 (36%)	1,015 (23%)	800 (18%)	4,415
Mean Age	65.2	66.1	64.8	65.5	65.4
Female (%)	52.1	51.8	52.5	51.9	52.1
White (%)	78.5	79.2	77.8	78.1	78.4
Median LOS	6.2	6.5	6.1	8.9	6.4
Median Charges	\$185,000	\$195,000	\$175,000	\$249,221	\$191,281

Complication	AF (%)	PF (%)	Decompression (%)	Combined (%)
Neurological	12.5	17.6	8.2	10.1
DVT	1.8	3.1	0.5	0.8
PE	0.2	0.6	0.1	0.3
SSI	4.5	3.2	7.8	7.7
Hardware Removal	3.1	2.8	7.9	7.7

Comorbidity	AF (%)	PF (%)	Decompression (%)	Combined (%)
Diabetes	15.2	18.5	12.1	16.8
Hypertension	18.7	22.3	14.5	19.1
Chronic Kidney Disease	8.5	10.1	6.2	9.3
Congestive Heart Failure	7.8	9.2	5.1	8.4

Approach	Length of Stay (days)	Total Charges (\$)
Anterior Fusion	6.2	185,000
Posterior Fusion	6.5	195,000
Decompression	6.1	175,000
Combined Anterior-Posterior Fusion	8.9	249,221
<b>P value</b>	<b>&lt;0.001</b>	<b>&lt;0.001</b>

Data are presented as mean values. Values in bold are statistically significant.

AF, anterior fusion; PF, posterior fusion; DVT, deep vein thrombosis; PE, pulmonary embolism; SSI, surgical site infection.