

THE LORDOGENETIC MIDLINE SYNDROME – A NOVEL CONCEPT OF ALL ABDOMINAL VASCULAR COMPRESSION SYNDROMES

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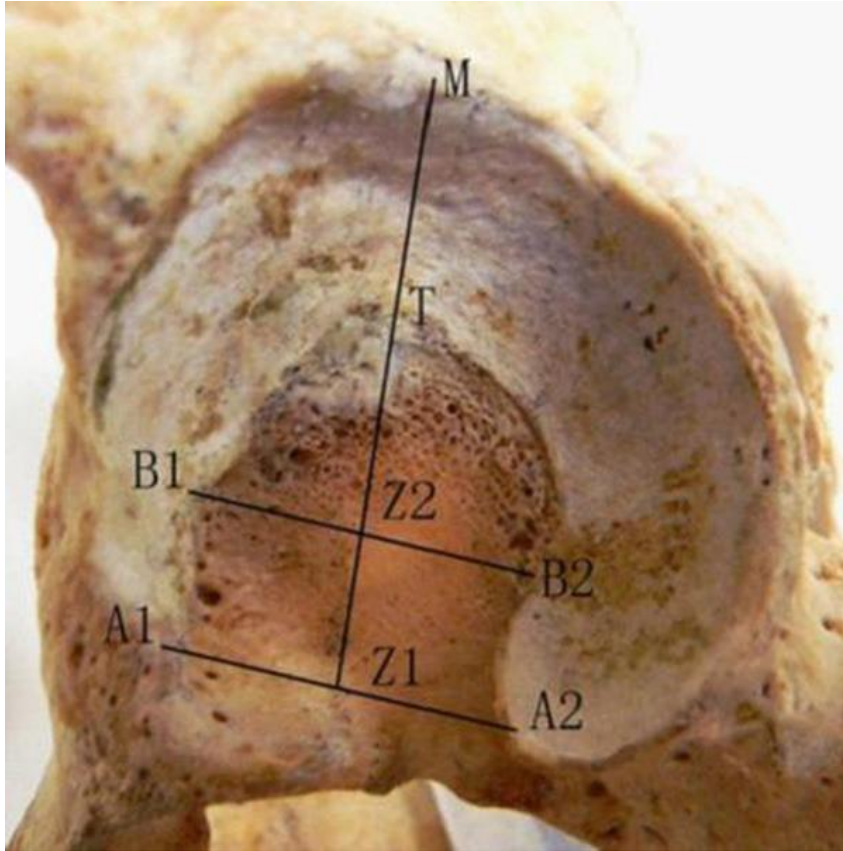
Leipzig - Germany

Acknowledgement

The unifying concept of all vascular compression syndromes as a consequence of overstretching the hip joints is based upon my father's orthopedic research

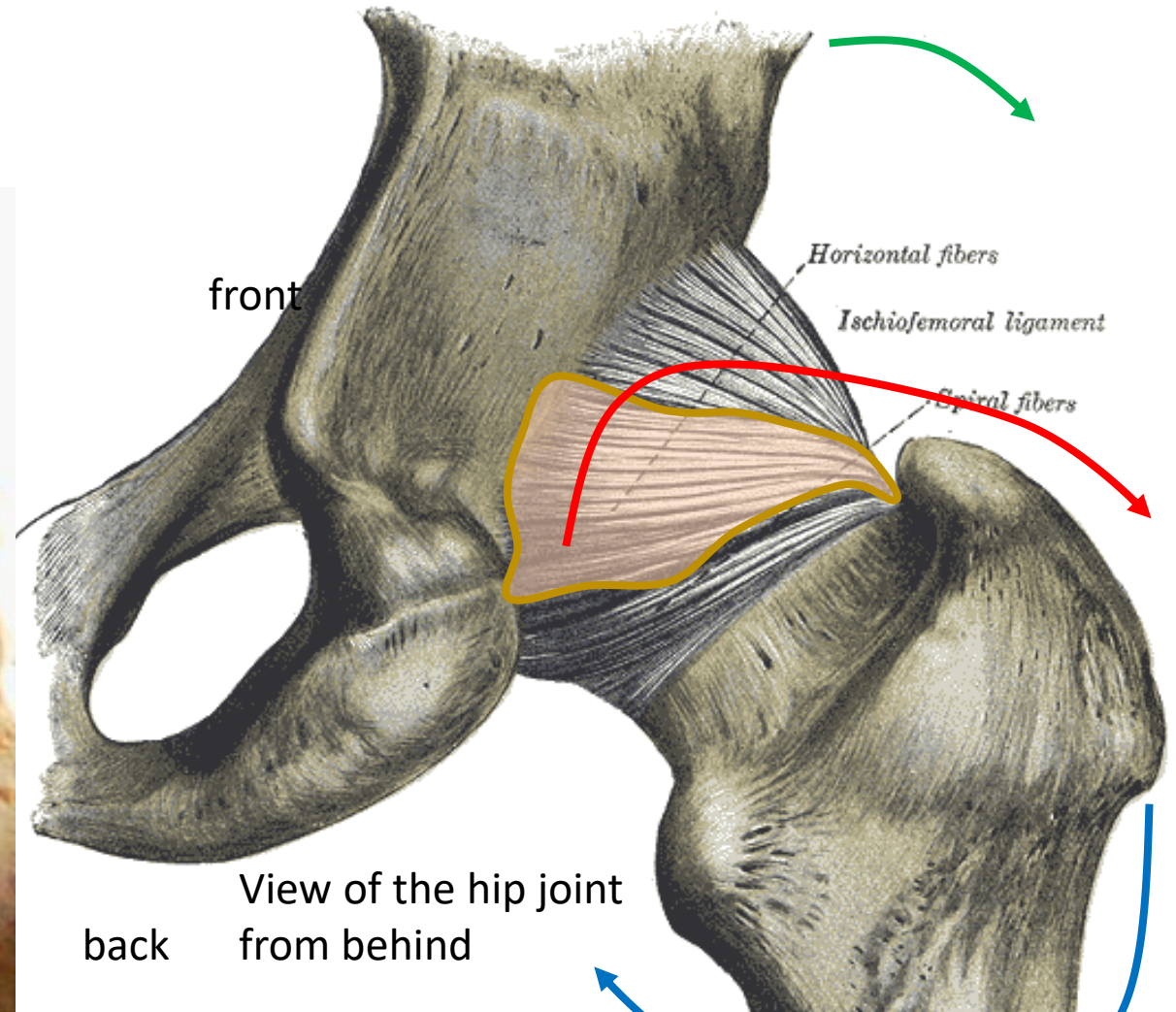
Dr. Manfred Scholbach , Germany

He, for the first time, recognized that supposedly normal hip stretching is impossible without anterior tilt of the entire pelvis, thus provoking the lumbar lordosis



Li et al. Int J Clin Exp Med. 2015; 8(1): 181-187.

The incisura acetabuli is the zone free of cartilage
 The cartiliginous semicircle is in contact to the
 cartilage of the femoral head to allow a sliding movement
 of the head in stretching and flexing the hip joint



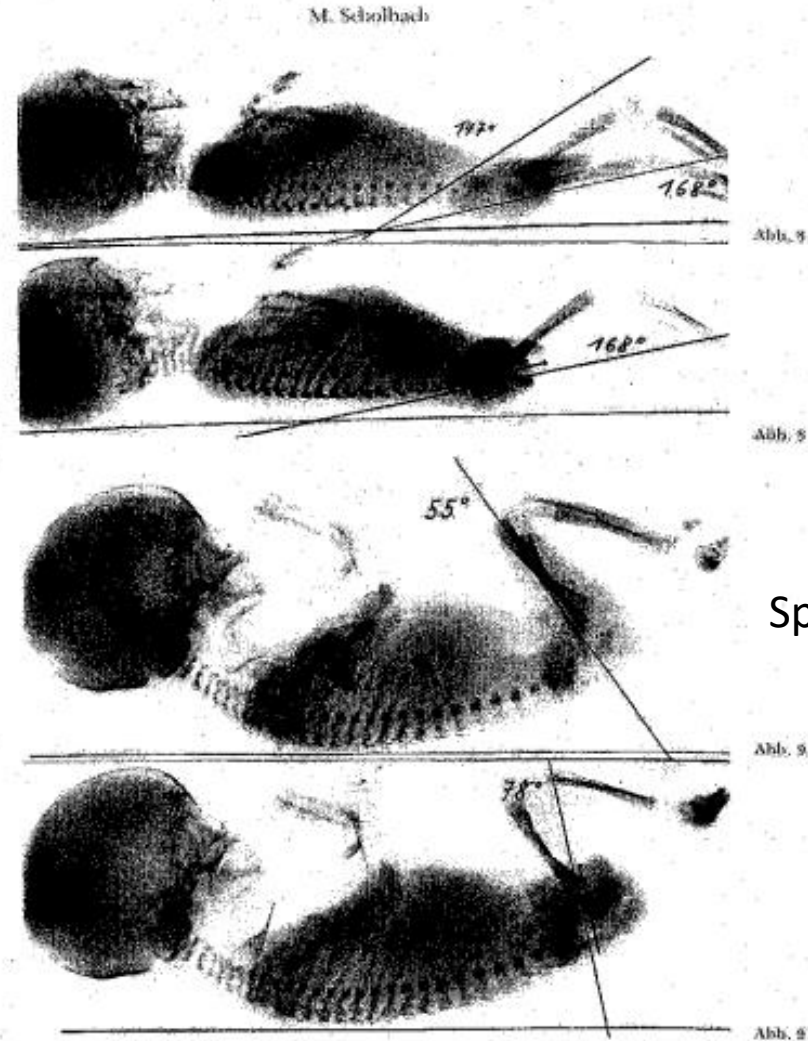
View of the hip joint
 from behind

Further stretching of the hip (blue arrow)
 is prevented by the ischiofemoral ligament
 (red arrow)

To achieve a „normal“ bipedal stance the
 Entire pelvis tilts anteriorly (green arrow)

Manfred Scholbach –full hip extension does not allow „normal“ upright stance - 1969

Stretching of a newborn's hip can only be accomplished by dragging the ischiofemoral ligament which tilts the pelvis anteriorly thus provoking the lumbar lordosis which develops when children start walking



Forced newborn hip overstretching
- Lordosis

Full newborn hip stretching
- Flat lumbar spine

Spontaneous newborn hip posture - kyphosis

Flexed newborn hip - kyphosis



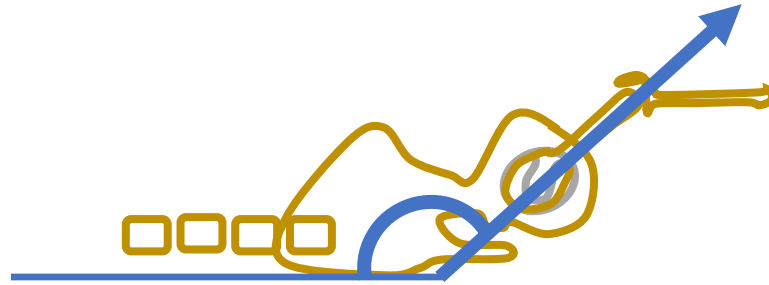
Lumbar spine kyphotic Hips flexed

- The upright stance and supine position with extended legs laying on the bed requires an anterior tilt of the entire pelvis since the hip joint capsule restricts the hip extension.
- The anterior tilt of the pelvis lifts up the caudal end of the lumbar spine.
- To keep the balance and line up with the gravitation the central and upper segments of the lumbar spine have to bend backwards.
- Thus the lumbar lordosis is produced. It is usually more severe in women than in men due to the wider and deeper pelvis in women.

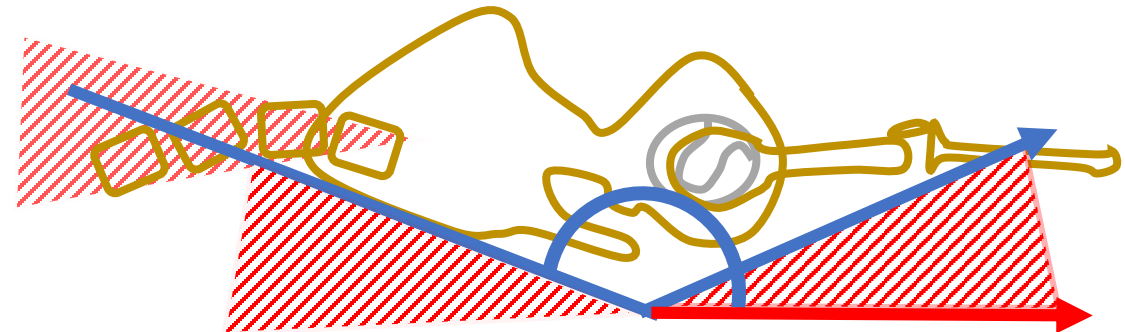
Newborn position



Maximum hip stretching
Without anterior hip tilt

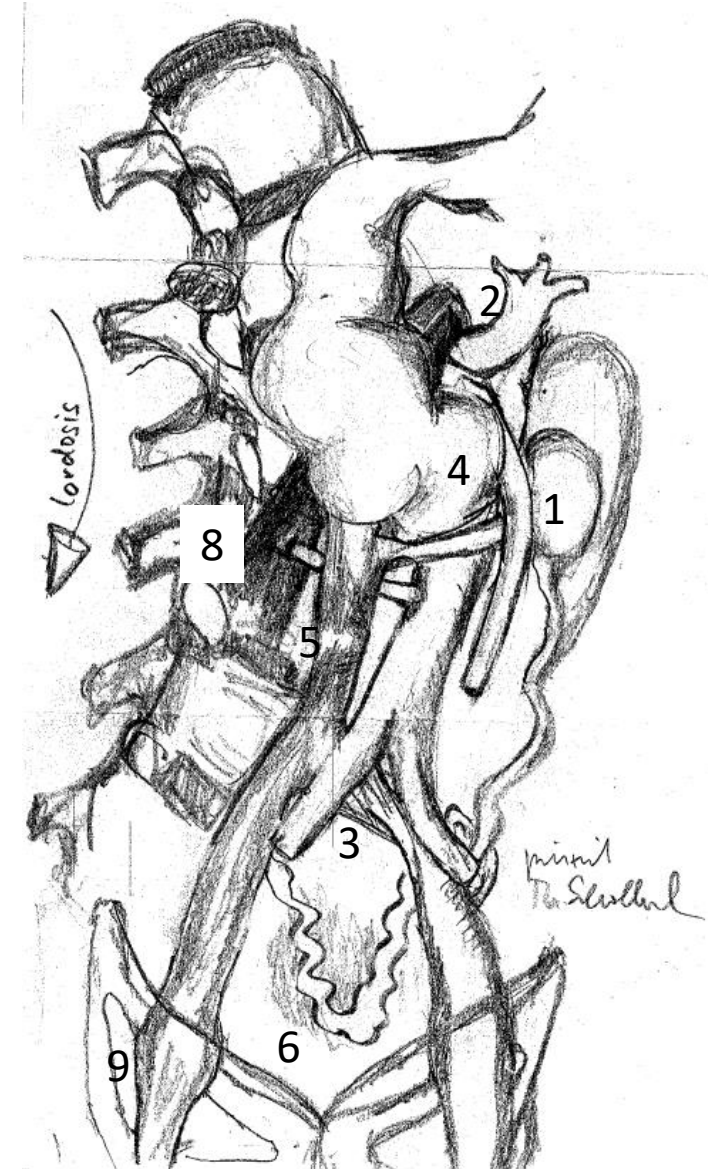


Supine and upright position

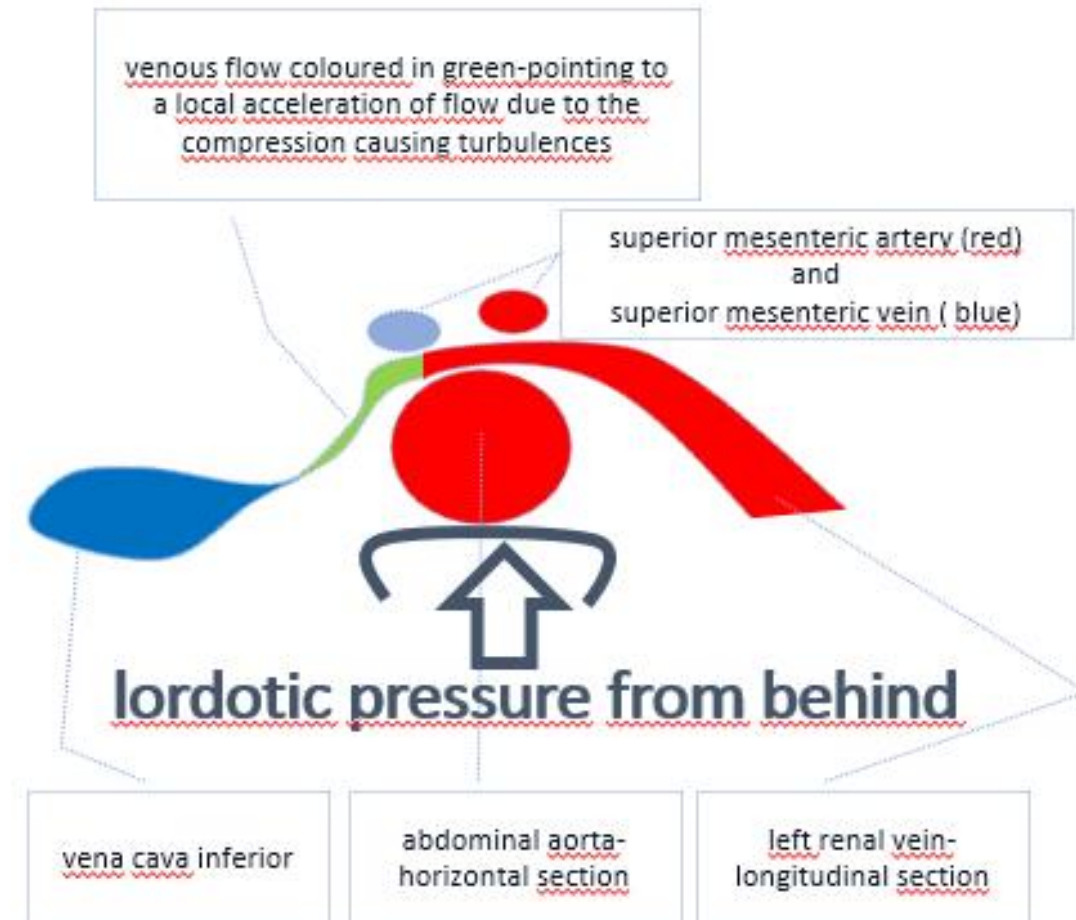
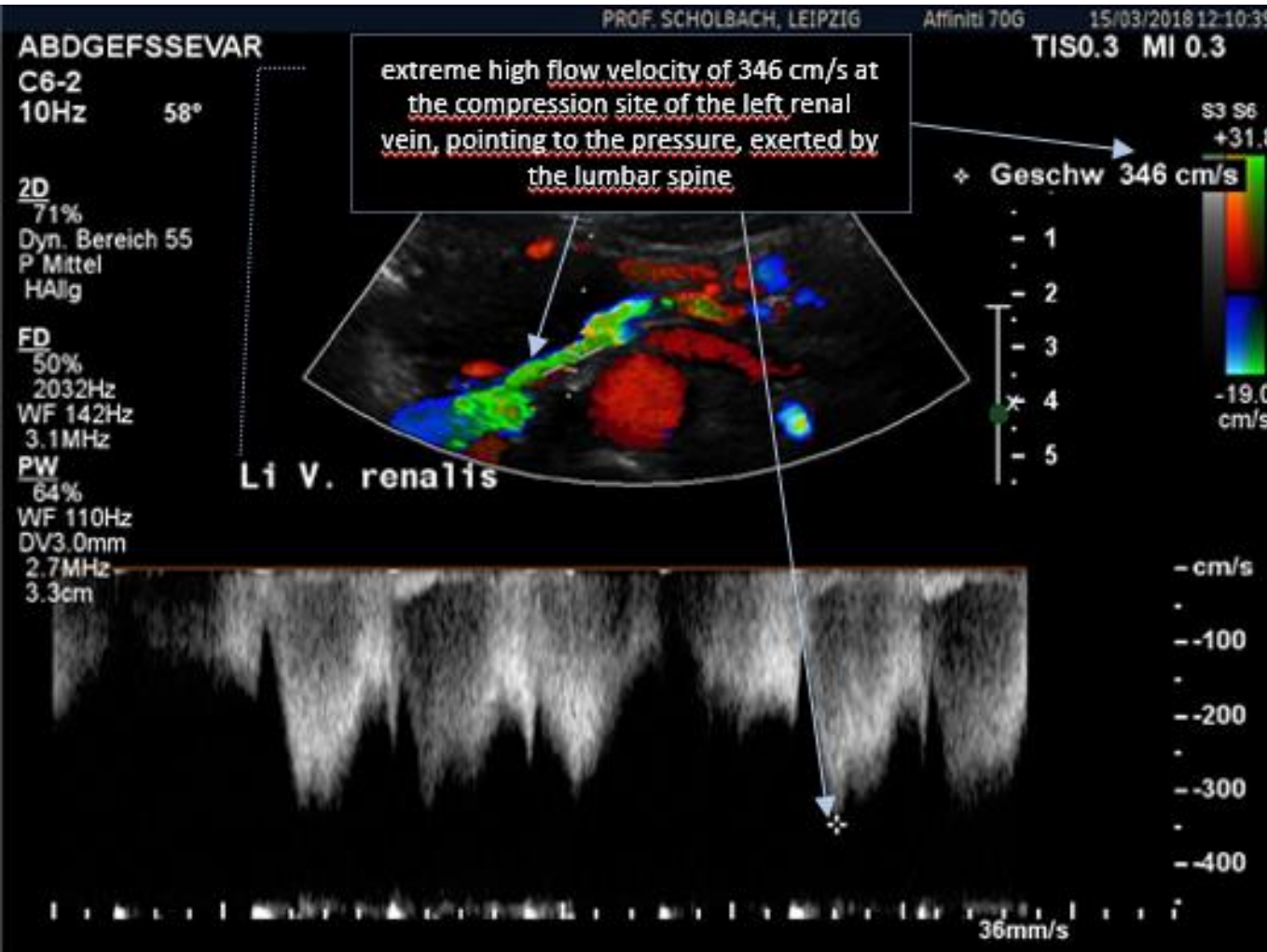


All abdominal compression syndromes are consequences of a strong lumbar lordosis

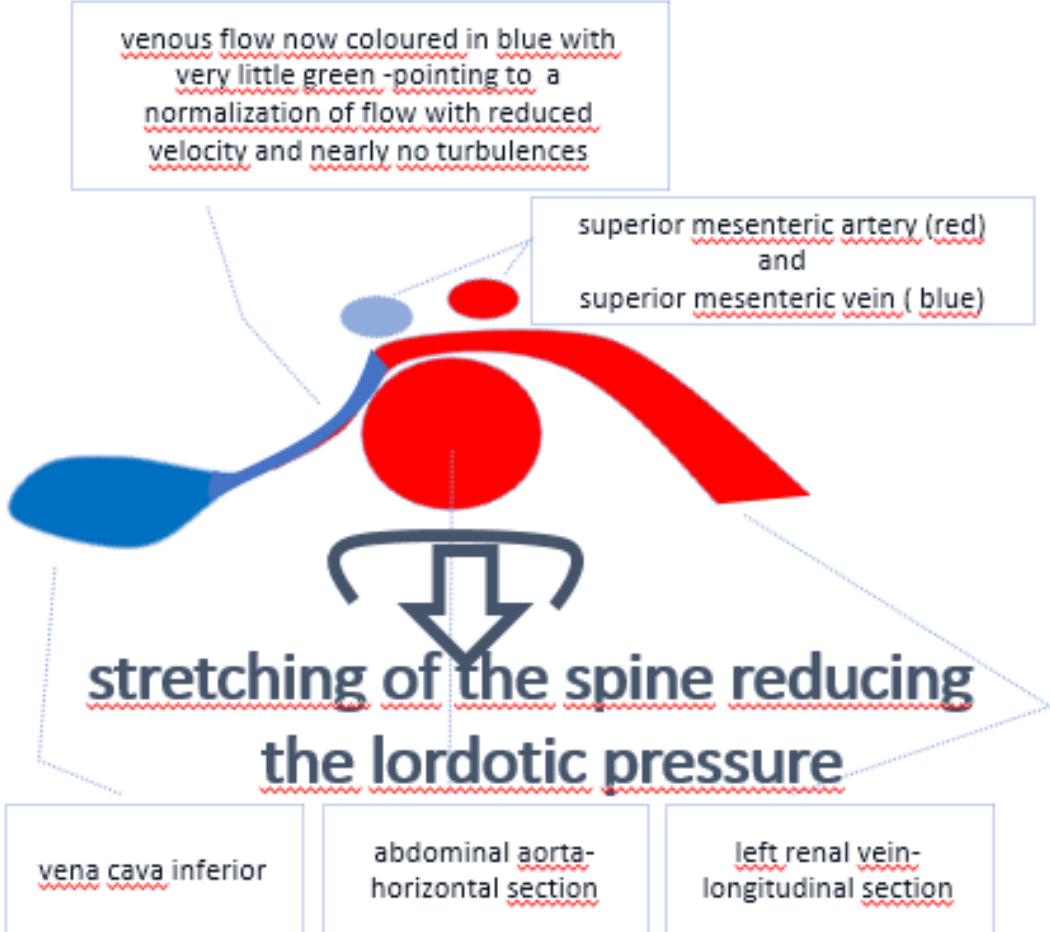
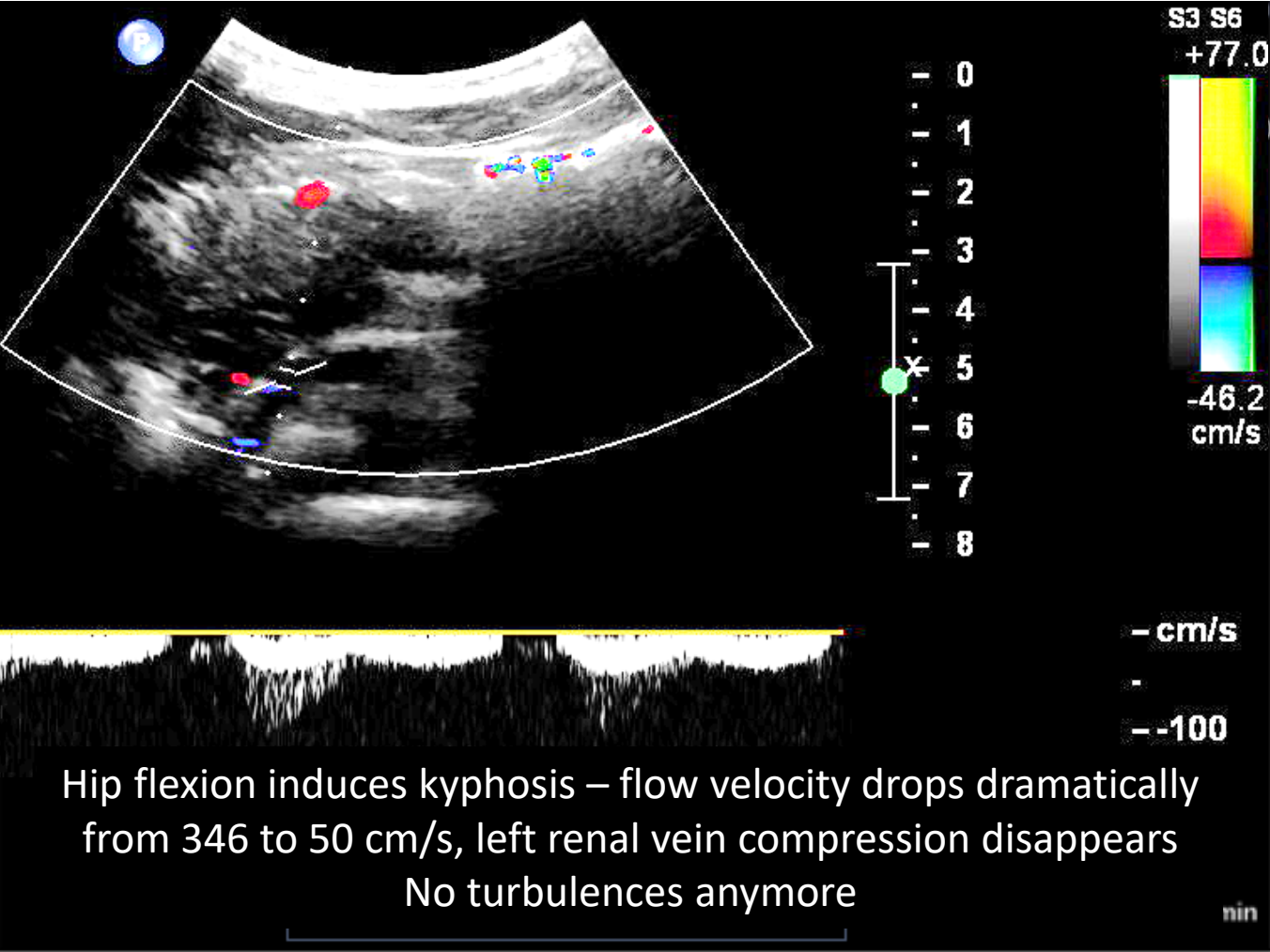
1. Nutcracker syndrome
2. Celiac artery compression syndrome
3. May-Thurner-syndrome
4. Superior mesenteric artery syndrome
5. Compression of the inferior vena cava
6. Pelvic congestion syndrome
7. Midline congestion syndrome
8. Lumbar artery compression
9. Compression of the femoral veins



Nutcracker syndrome –stretched hips



Nutcracker syndrome –flexed hips



* superior mesenteric artery, forming a clamp with the aorta thus compressing the left renal vein but the main effect is caused by the pressure from lumbar spine transferred by the uplifted aorta – this can be demonstrated in patients, where the compression of the left renal vein persists despite trans position of the superior mesenteric artery thus annihilating the pressure from above.

* left renal vein while crossing the aorta

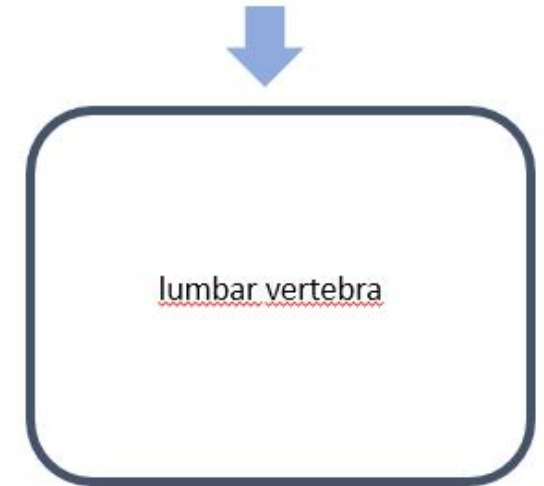
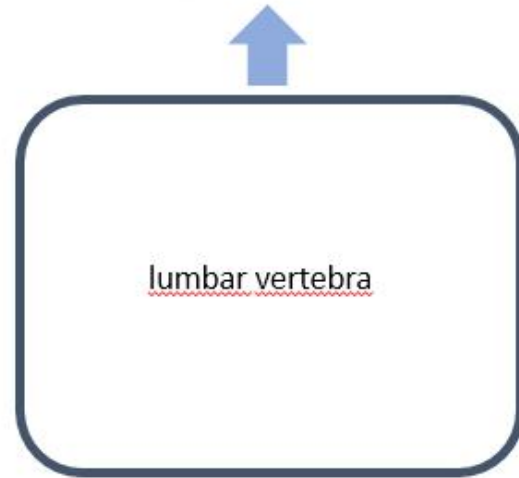
heavily compressed left renal vein with relaxed and thus lordotic lumbar spine

aorta

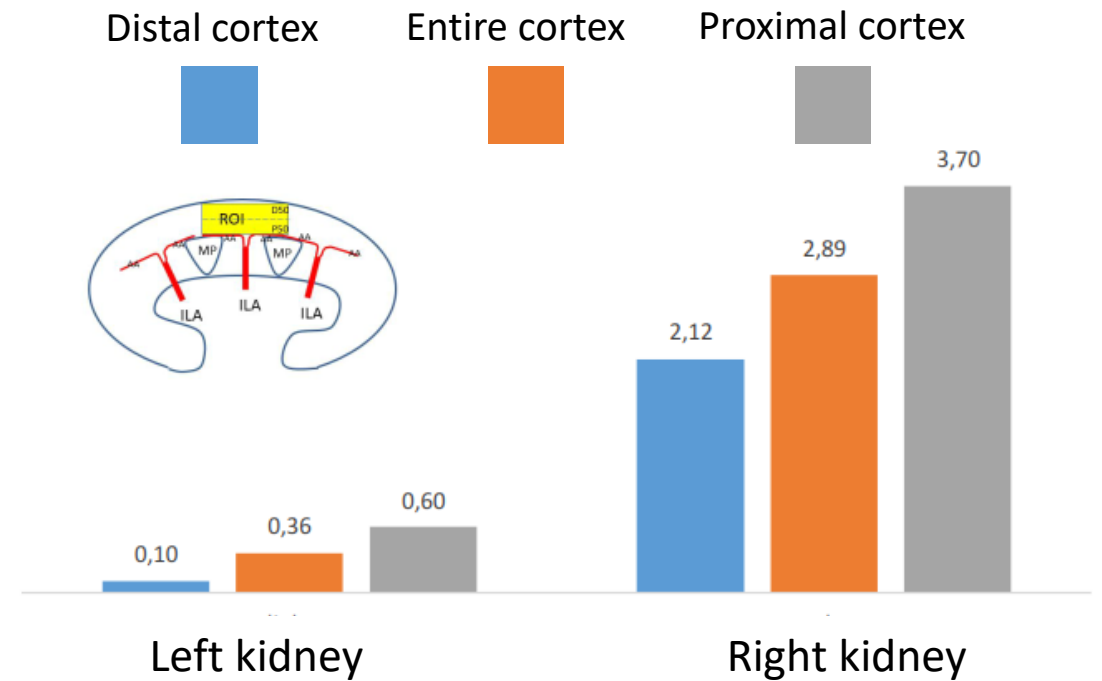
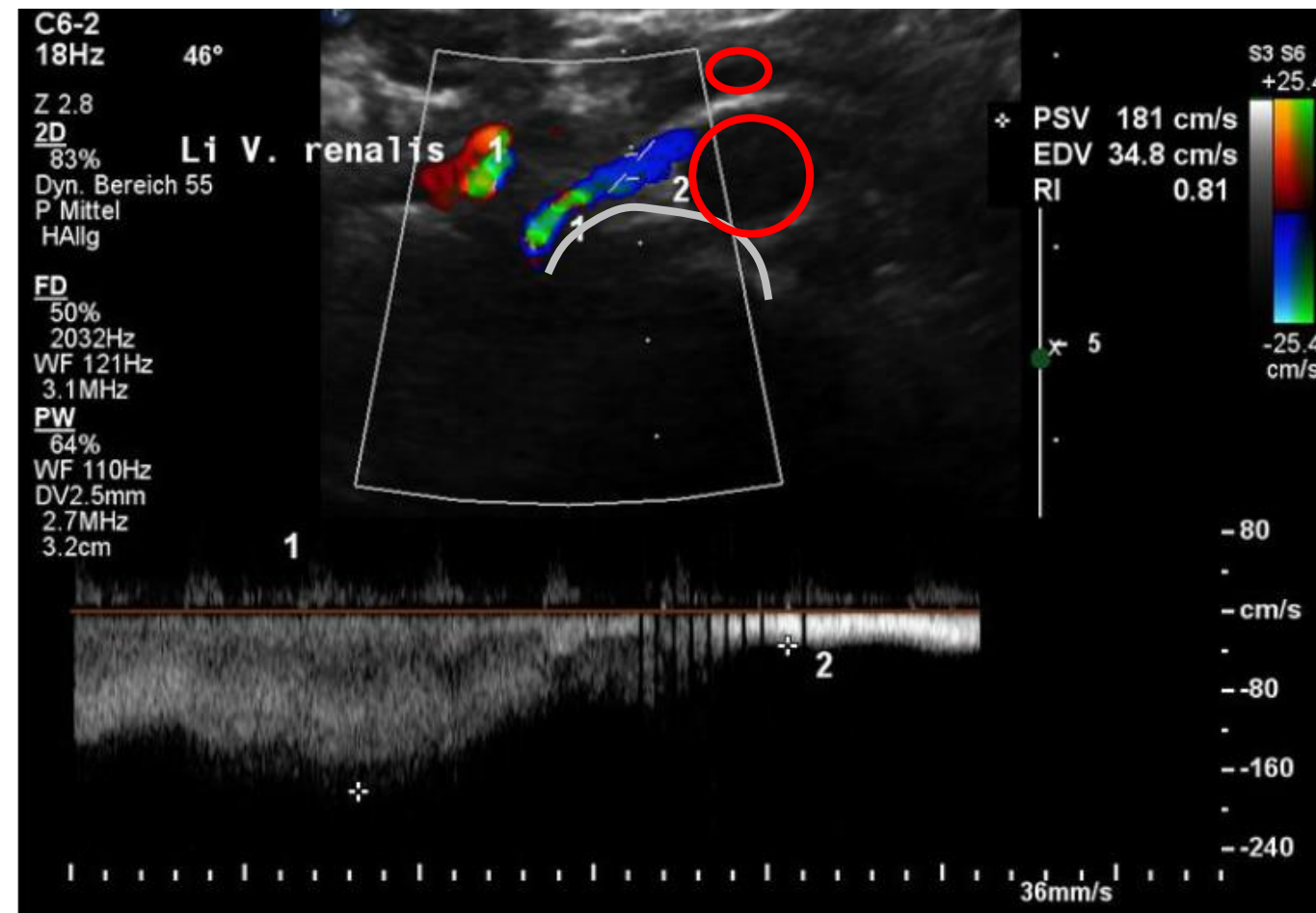
Li V. renalis

wide and decompressed left renal vein, while stretching the back and thus reducing the lordotic curvature of the lumbar spine

aorta

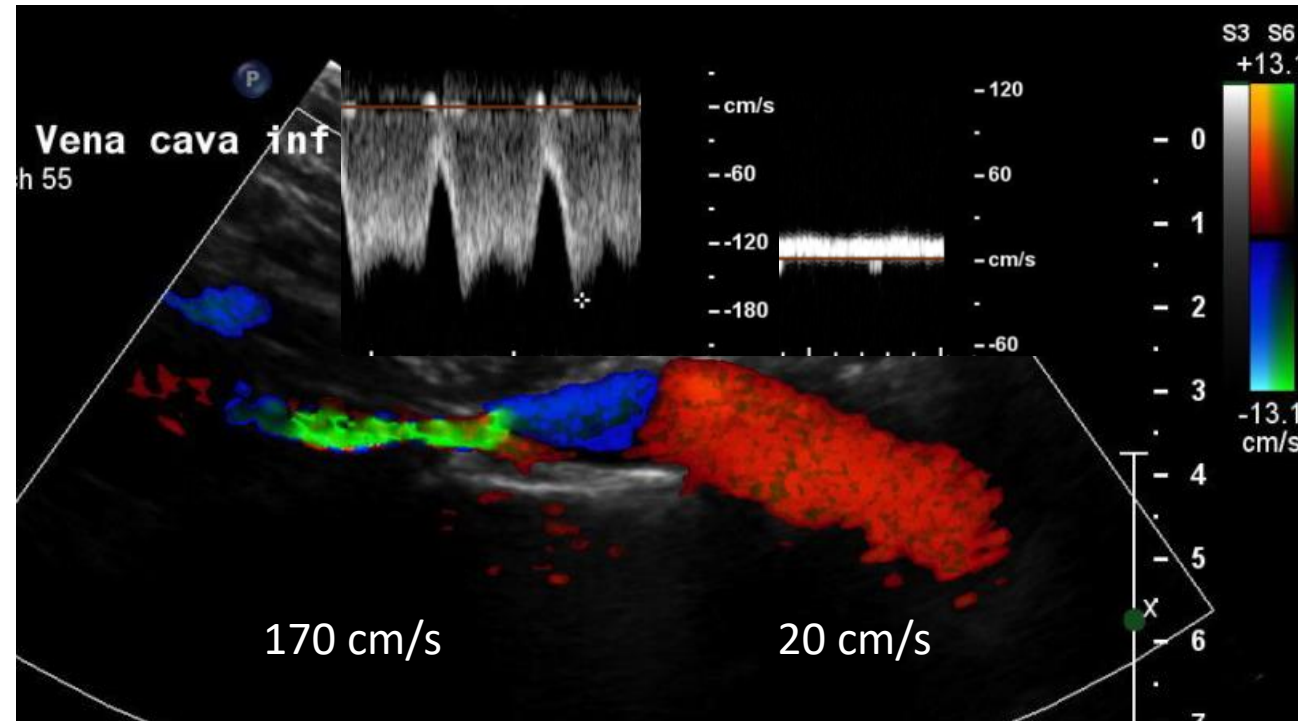


Eccentric aorta due to lumbar lordosis – eccentric compression of the left renal vein by the right renal artery - no „nutcracker“ sensu strictu



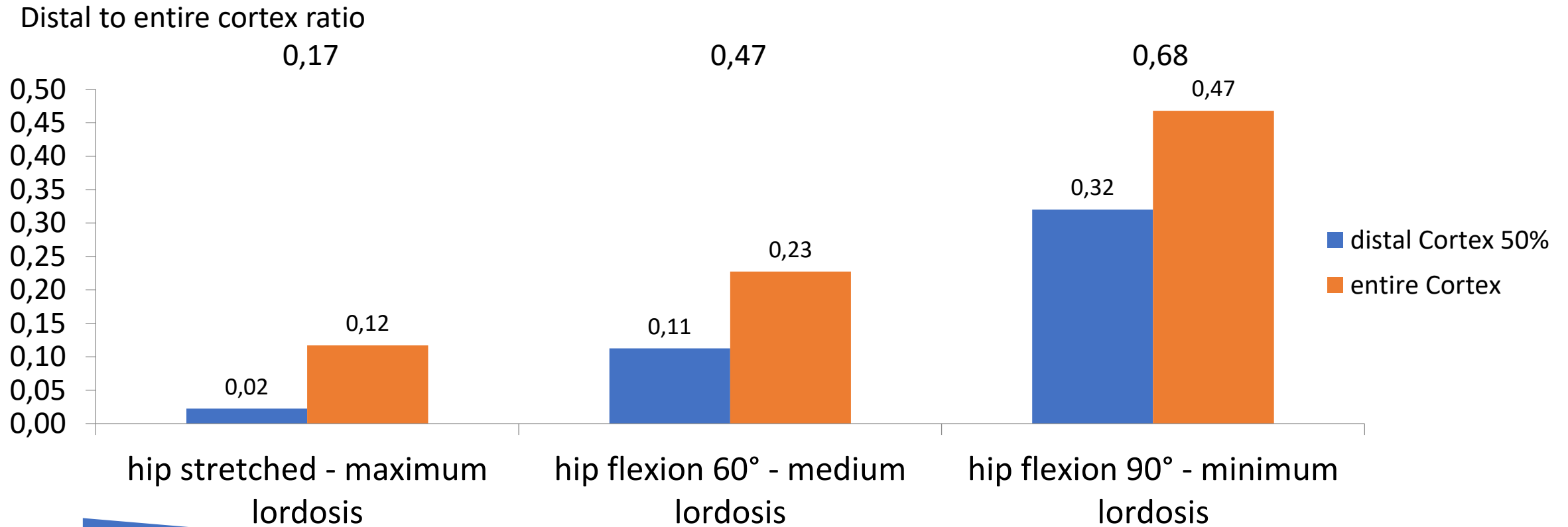
Severely reduced perfusion of the left kidney due to the compression of the left renal vein – measured by the PixelFlux-technique

Compression of the inferior vena cava



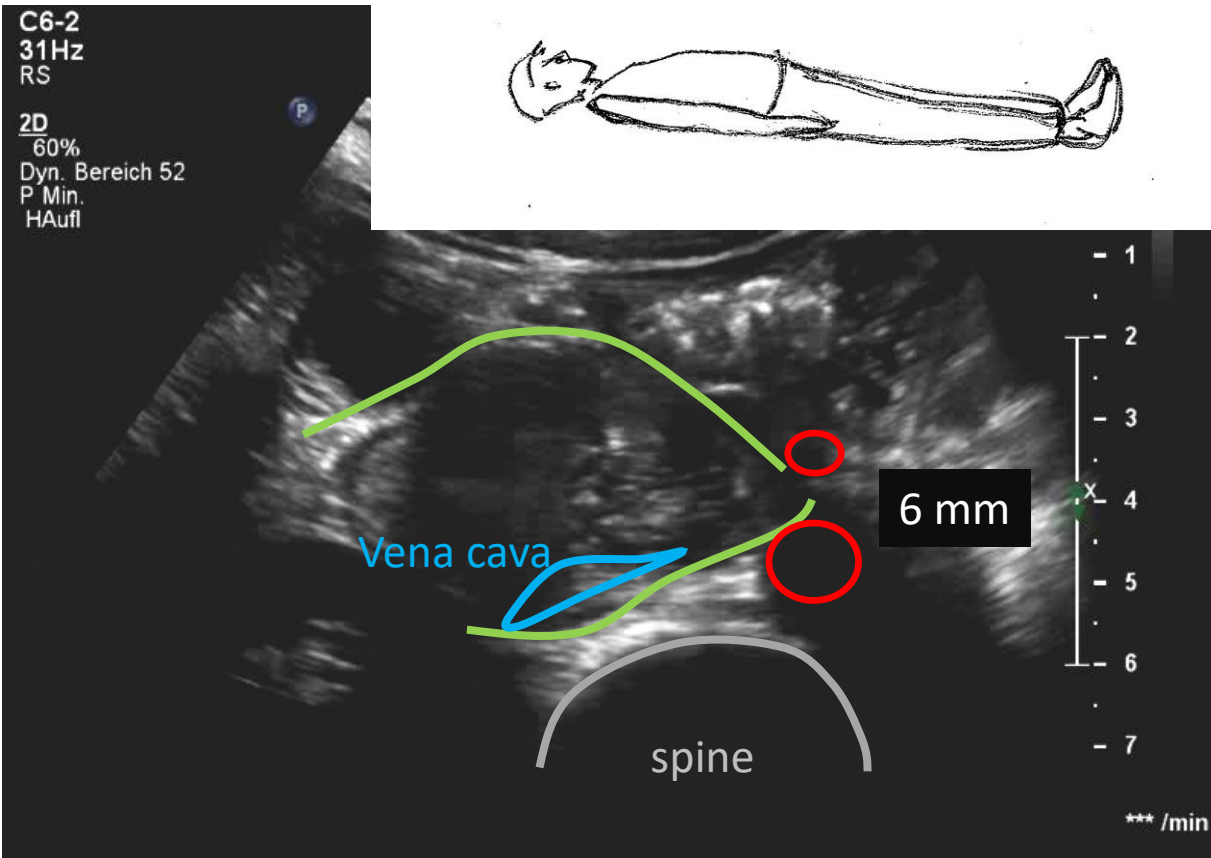
Active stretching of the lumbar spine

Left renal perfusion (shown below [cm/s/cm^2]) is directly dependent on the degree of lumbar lordosis: less lordosis – less venous pressure – better small vessel perfusion- higher overall perfusion

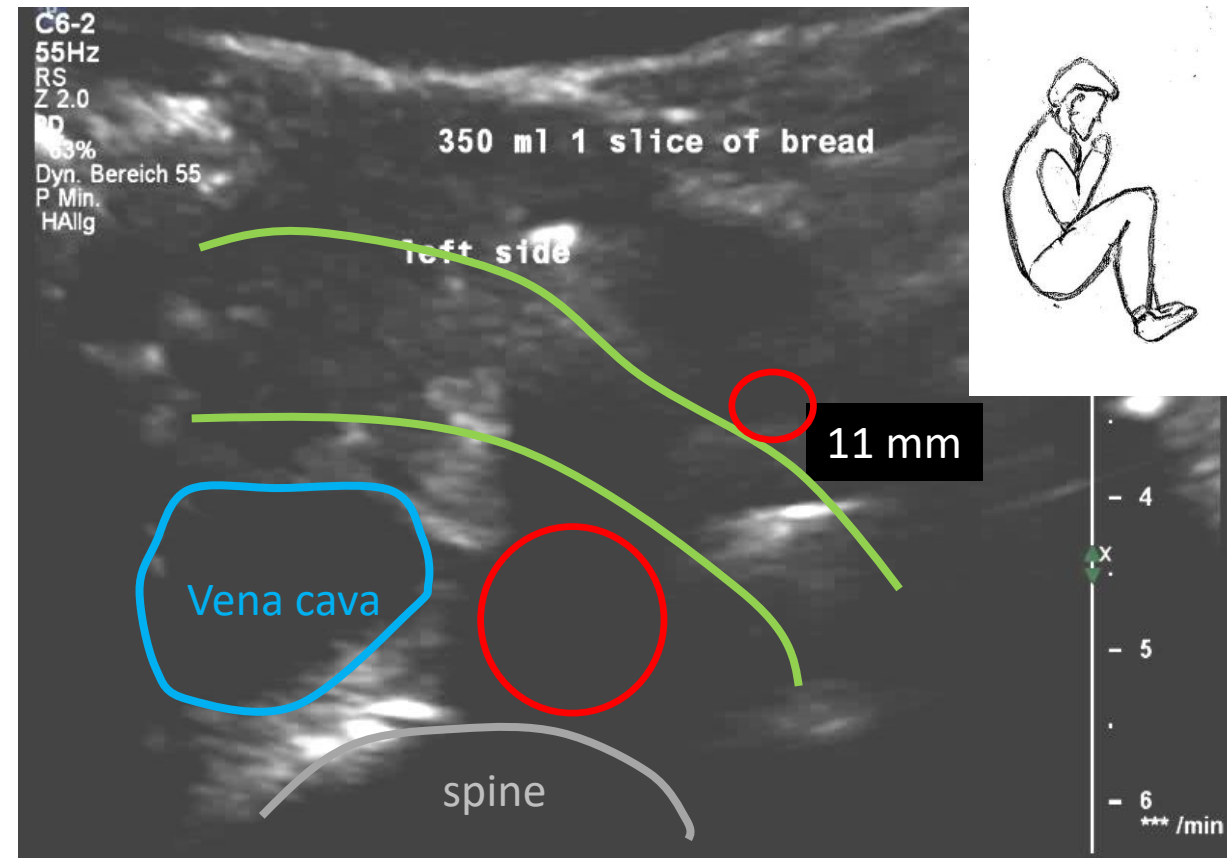


Lordosis = venous pressure = small vessel hypoperfusion

Superior mesenteric artery syndrome



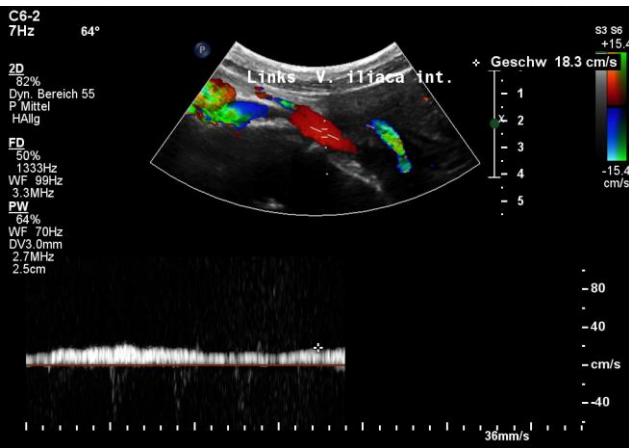
Lordosis: supine position, stretched hips



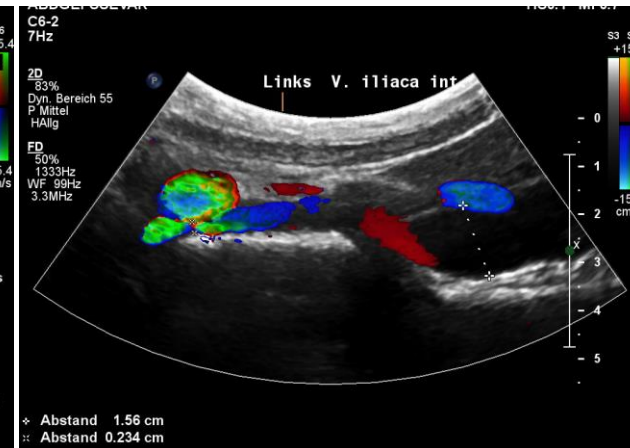
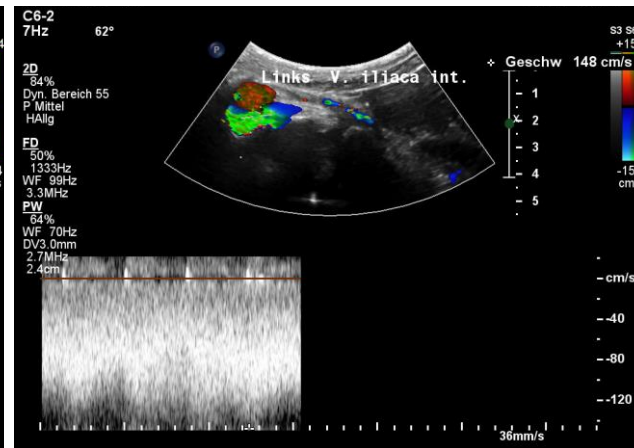
Kyphosis : left side position, flexed hips

One patient – three vascular compressions

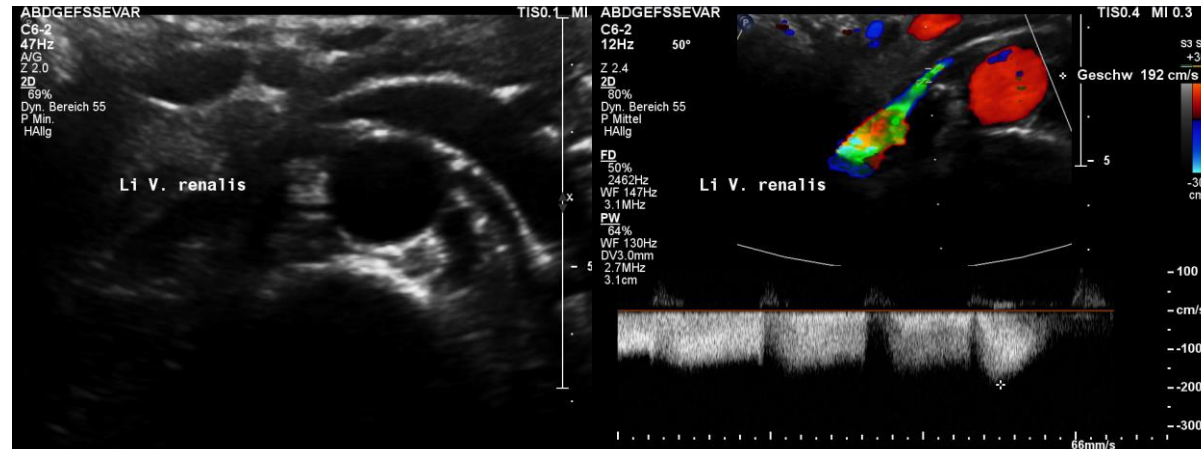
This is the rule – not the exception



May-Thurner

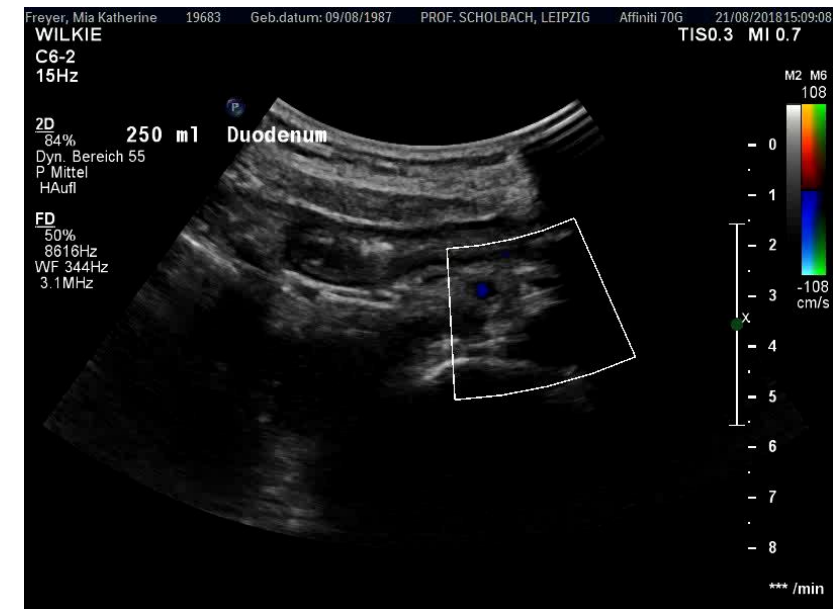
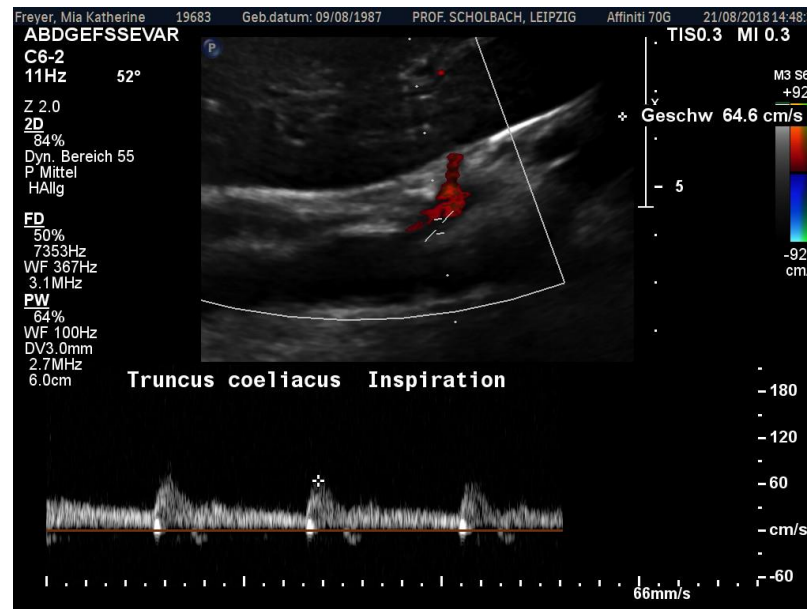
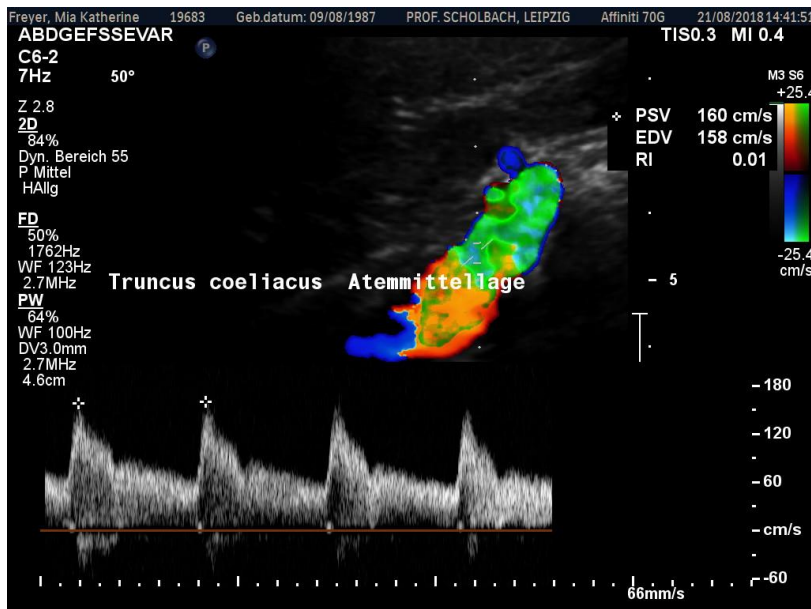
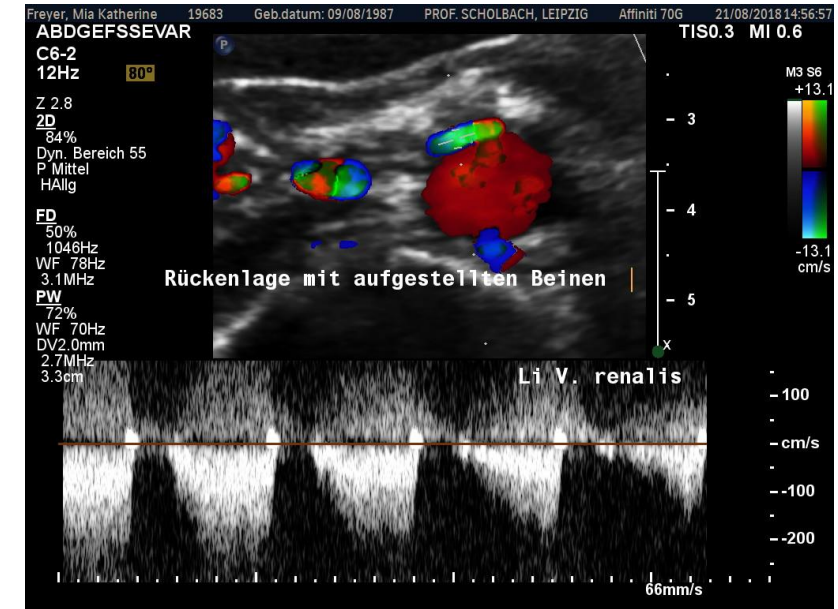
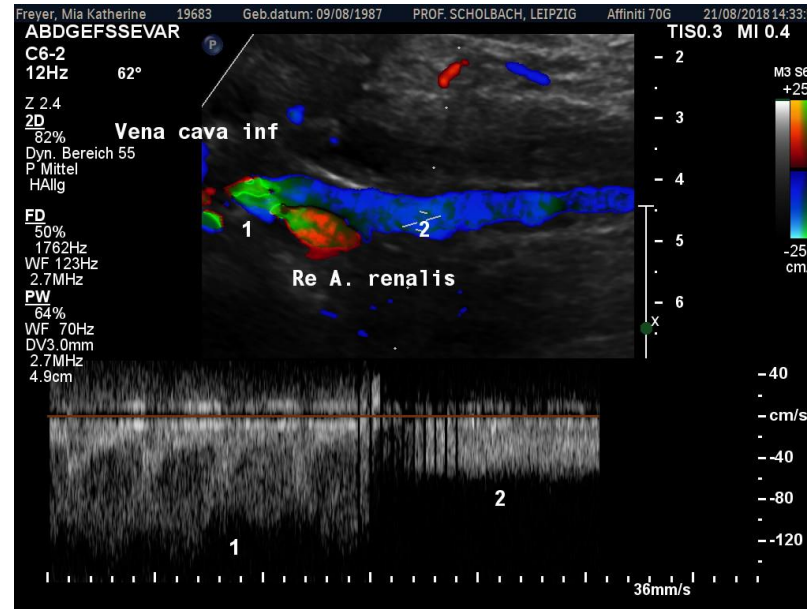
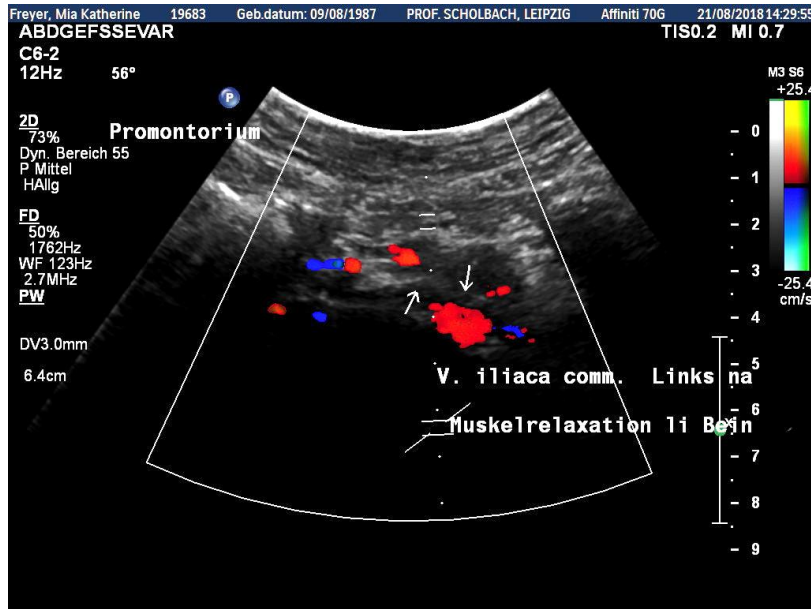


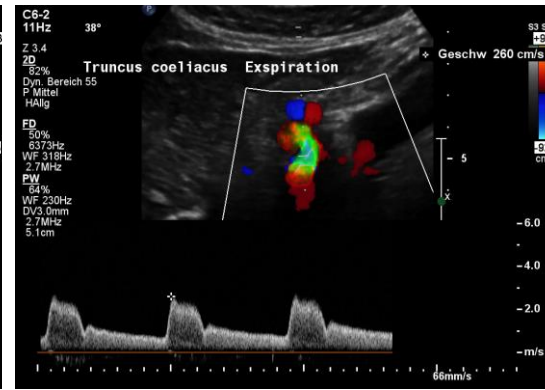
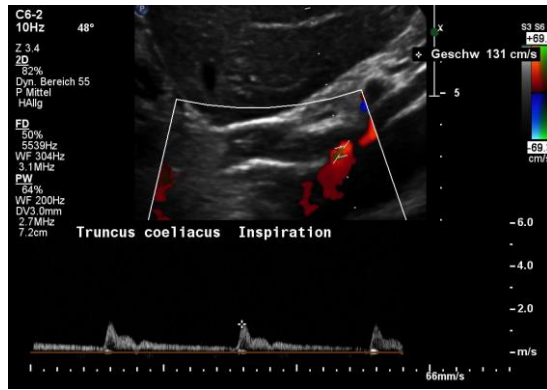
Cava compression



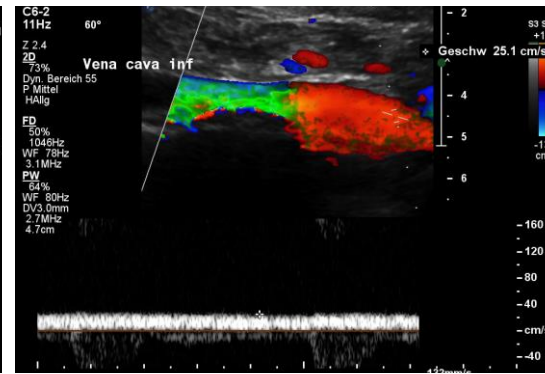
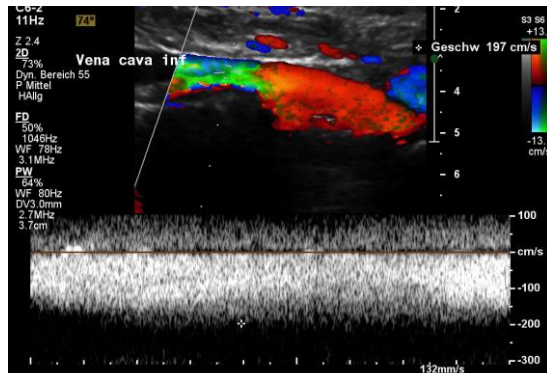
Nutcracker-syndrome

5 compressions in 1 patient

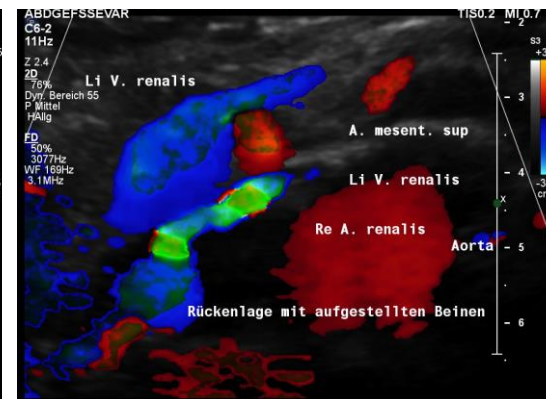
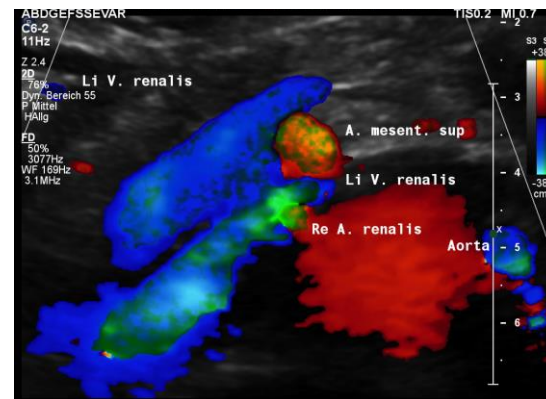
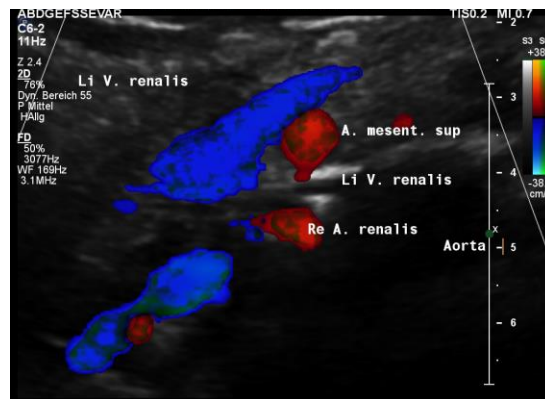




Celiac trunk compression



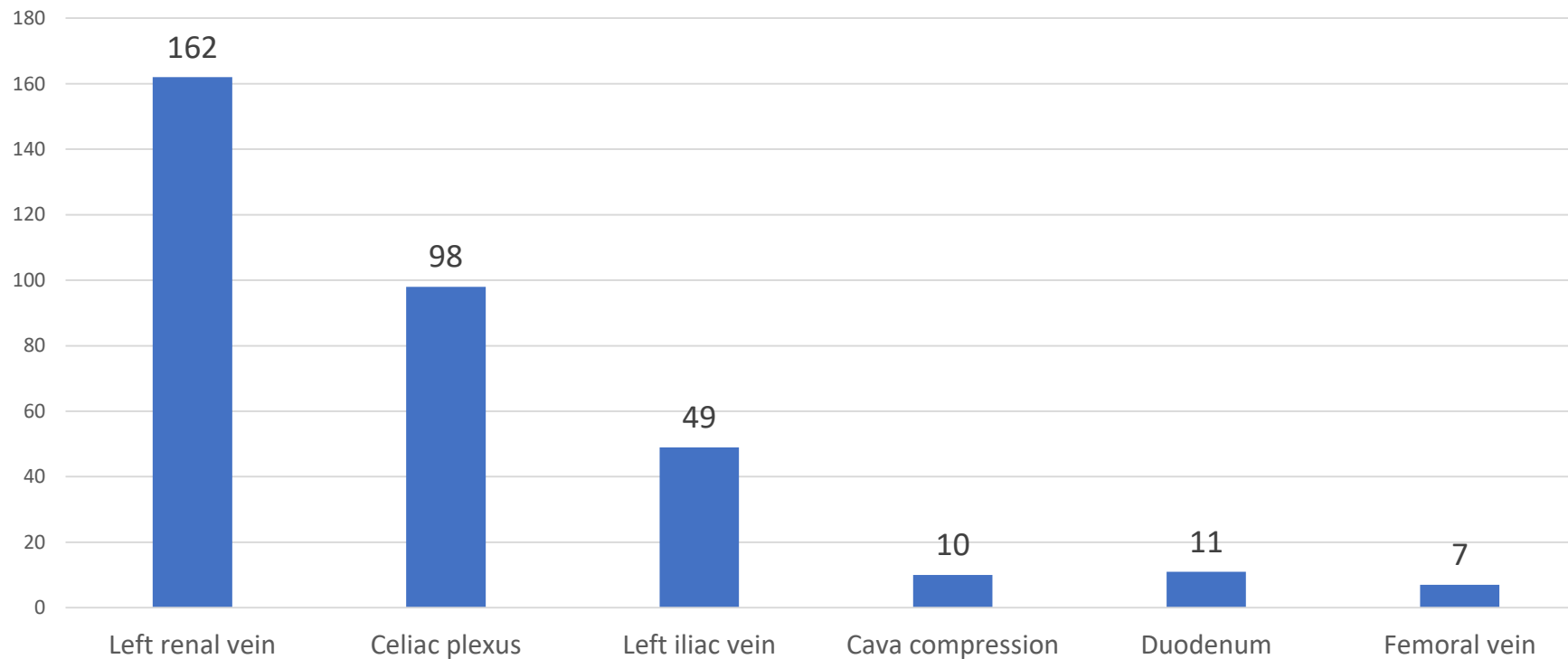
Vena cava inf. compression



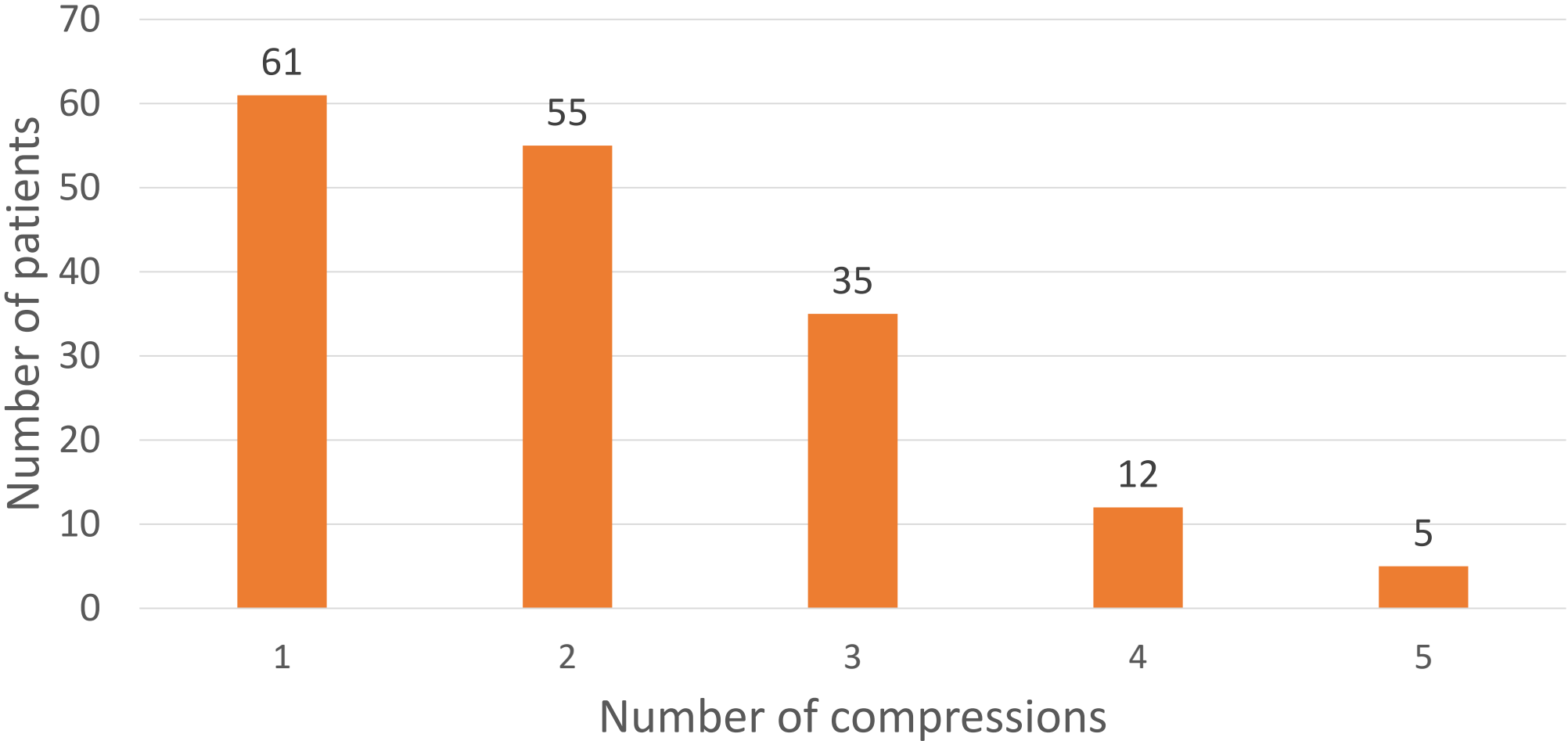
Left renal vein compression

Compression syndromes run together since they have the same origin – lumbar lordosis

Distribution of vascular compressions among 168 pediatric and adult patients from 01/2016 to 09/2017

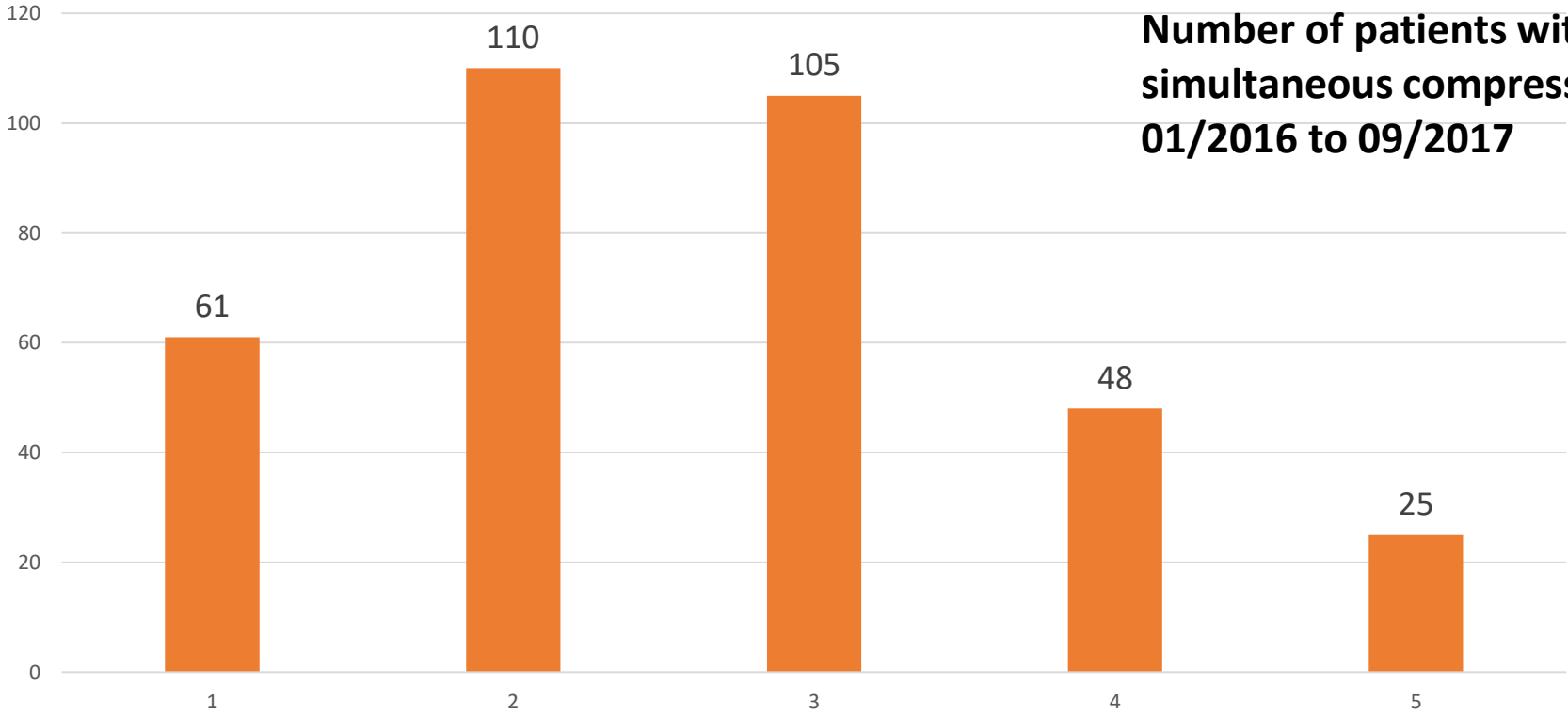


Number of patients with 1 to 5 simultaneous compressions from 01/2016 to 09/2017



Number of compressions in patients with 1 to 5 simultaneous compressions from 01/2016 to 09/2017

**In an earlier version of this diagram the title was incorrectly given as :
Number of patients with 1 to 5 simultaneous compressions from 01/2016 to 09/2017**



All compression syndromes are caused by the lumbar lordosis

- occur together
 - influence each other
 - have common treatment implications
 - must be diagnosed completely
 - to be treated successfully
-
- must be known and quantified
 - to choose the appropriate treatment