

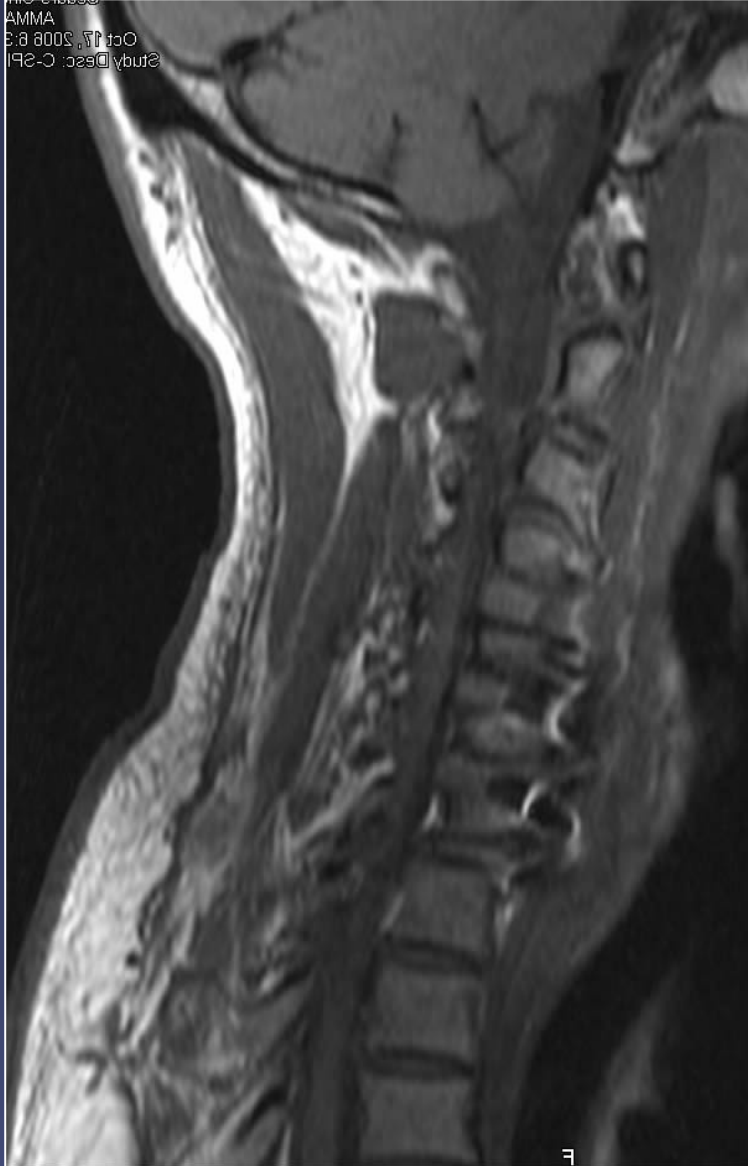
Case Review:
Complex Cervical Reconstruction

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Scoliosis and Spinal Deformity Surgery

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Patient History



- 53-year-old male
- Severe spinal cord compression
- Myeloradiculopathy
- Increasing weakness in the upper extremities.
- Hypesthetic and hyperreflexic
- The patient has severe cervical kyphosis centered at C4-5, C5-6 and C6-7 with posterior uncovertebral osteophyte and soft disk ridging against the spinal cord. There is a gliosis in the cord. The patient requires multiple-level osteotomy and vertebrectomies for correction of the cervical kyphosis and reconstruction.

Pre-op X-rays



Indications for surgery

1. Severe myeloradiculopathy due to spinal cord compression at C4-5, C5-6 and C6-7.
2. Degenerative disk disease, C4-5, C5-6, C6-7.
3. Severe cervical kyphosis and deformity, C4-5, C5-6 and C6-7.
4. Failed conservative therapy.

Surgical Strategy

1. Segmental spinal instrumentation C4 to C7 using an eight-hole Atlantis Vision cervical plate.
2. Radical diskectomies with cervical deformity correction, C4-5, C5-6 and C6-7 using microscope spinal canal decompression for myeloradiculopathy.
3. Osteotomy, subtotal vertebrectomy, C4-5, C5-6 and C6-7 for removal of severe uncovertebral osteophytes, lateral annular ossified ridges for correction of cervical kyphosis.
4. Anterior interbody fusion with cervical allograft devices measuring 6, 6, and 6 mm, C4-5, C5-6 and C6-7, with autogenous bone centrally.

Post-op x-rays



Post-op Comparison x-rays



It is important to notice that the natural cervical alignment was reconstructed with surgery. This removed the pressure from the spinal cord and discs, alleviating the pain.

Post-op Comparison X-rays

