

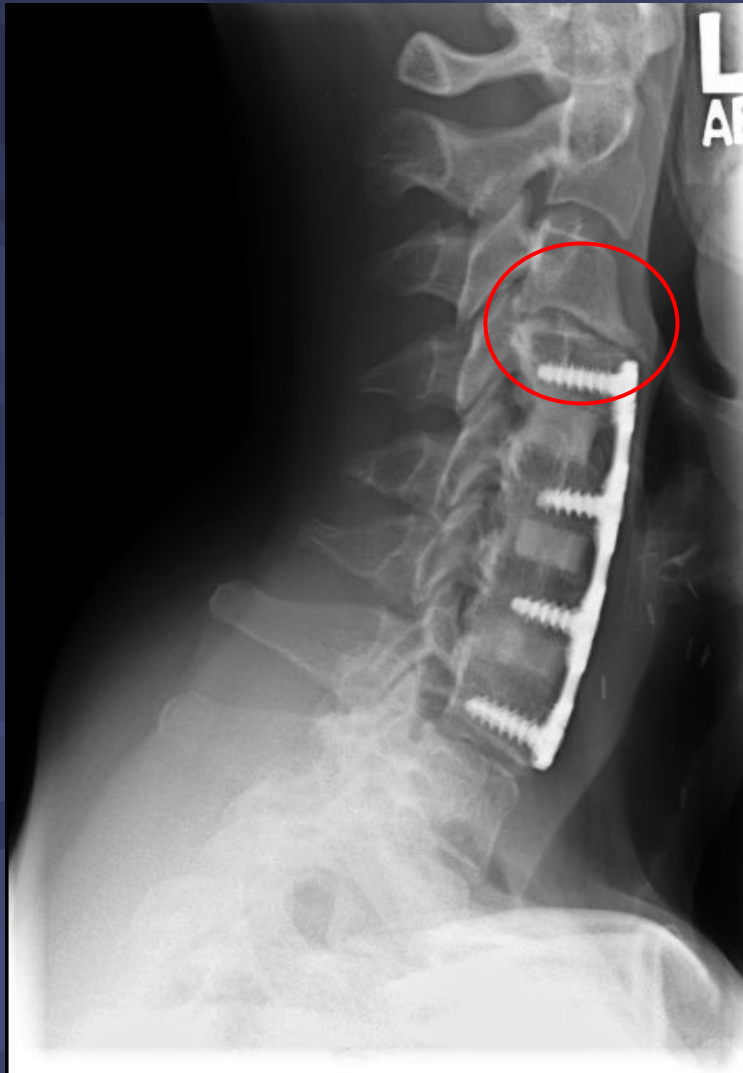
Case Review: Cervical Adjacent Segment Degeneration

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Patient History

- 51 year old female
- Status post fusion at C4-5, C5-6 and C6-7
- The patient has superadjacent degeneration at C3-4 above the previous fusion.
- The patient's symptoms have gotten very bad. She has right shoulder pain. There is no problem at C7-T1. The effacement of the spinal cord and fractional kyphosis is noted.
- She has been treated conservatively with blocks and physical therapy for a long time.

Pre-op X-rays



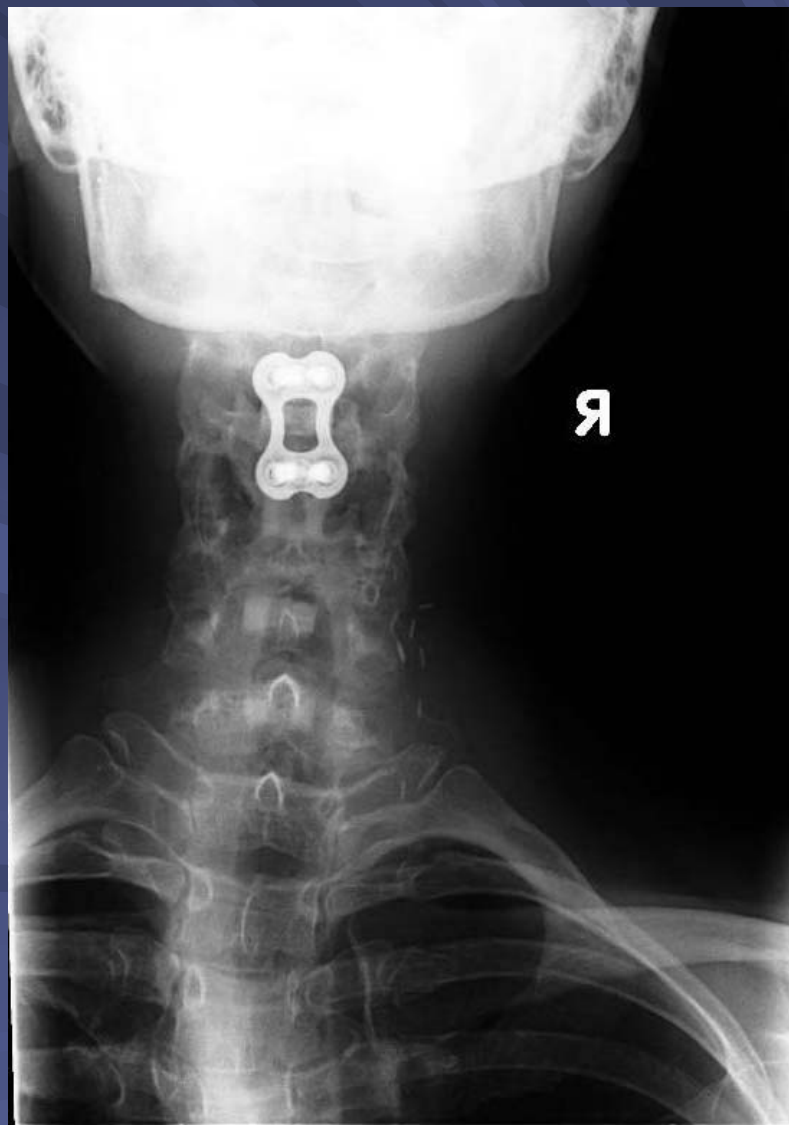
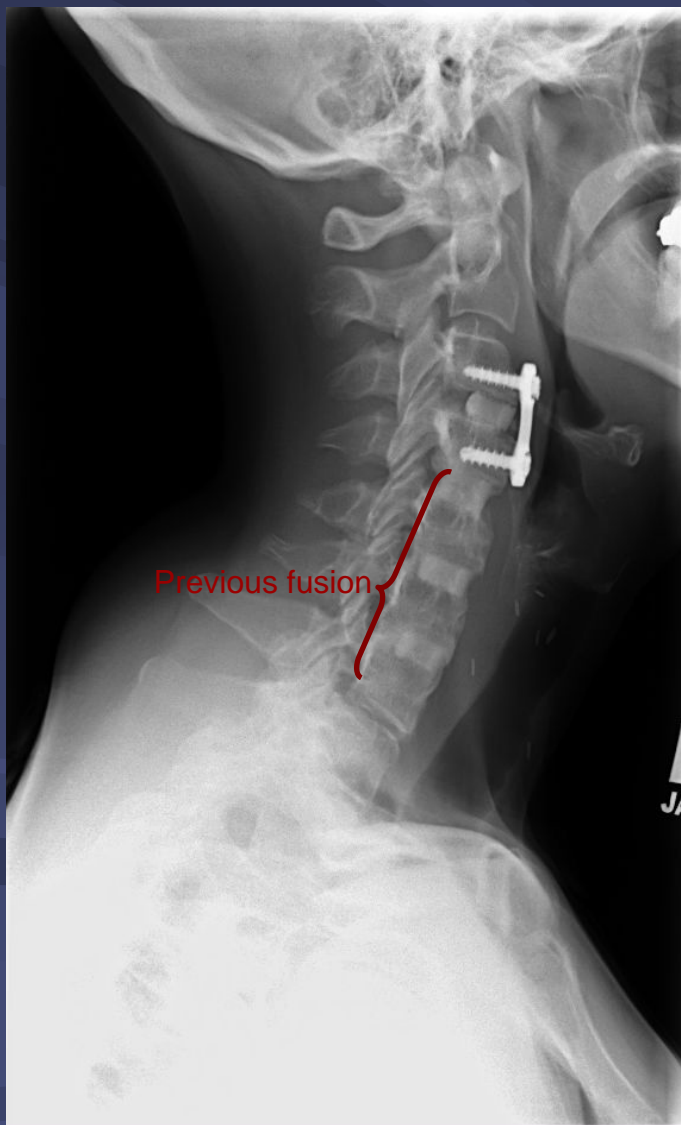
Indications for Surgery

- Status post anterior cervical discectomy and fusion, November 2004, at C4-C5, C5-C6, and C6-C7.
- Superjacent degeneration at C3-C4 with spinal cord compression.
- Fractional kyphosis.
- Some motor/sensory deficit.
- Significant proximal pain radiating to the trap region into her arms and intermittently into her back.
- Failed conservative therapy.

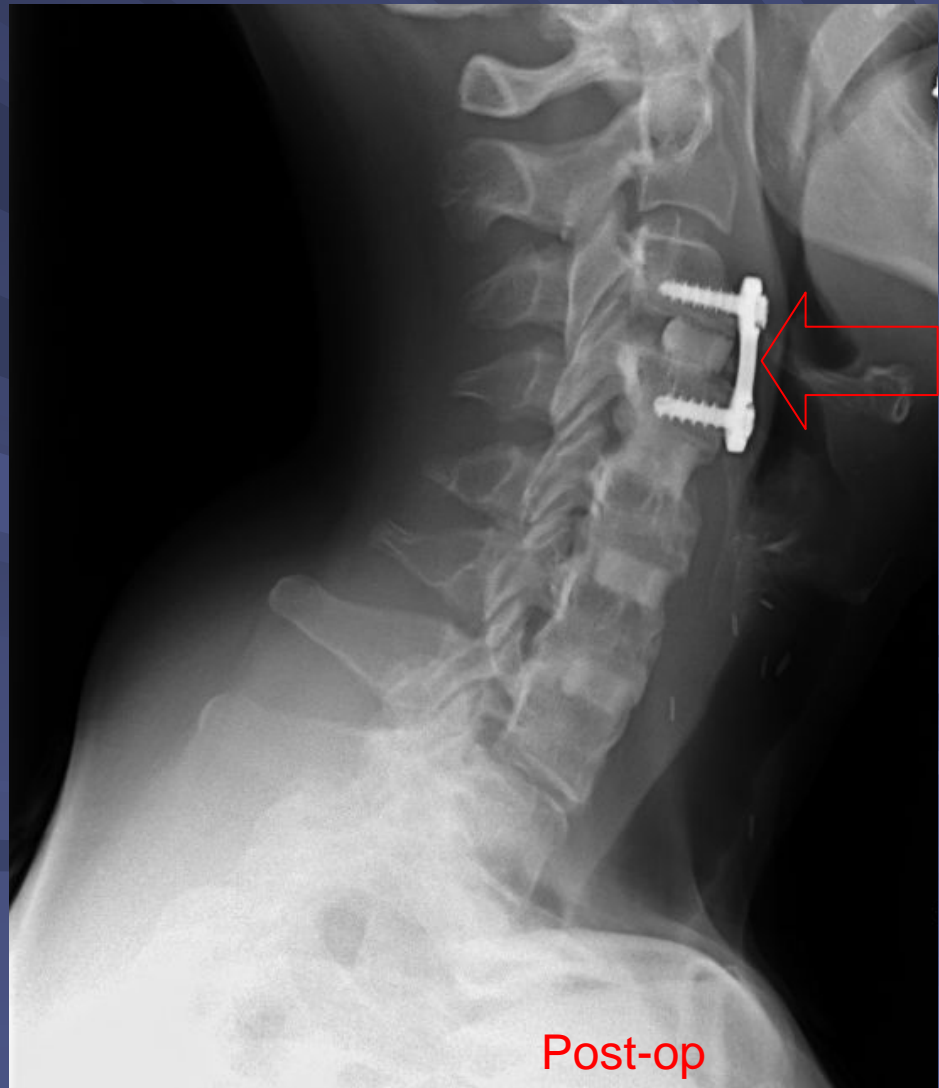
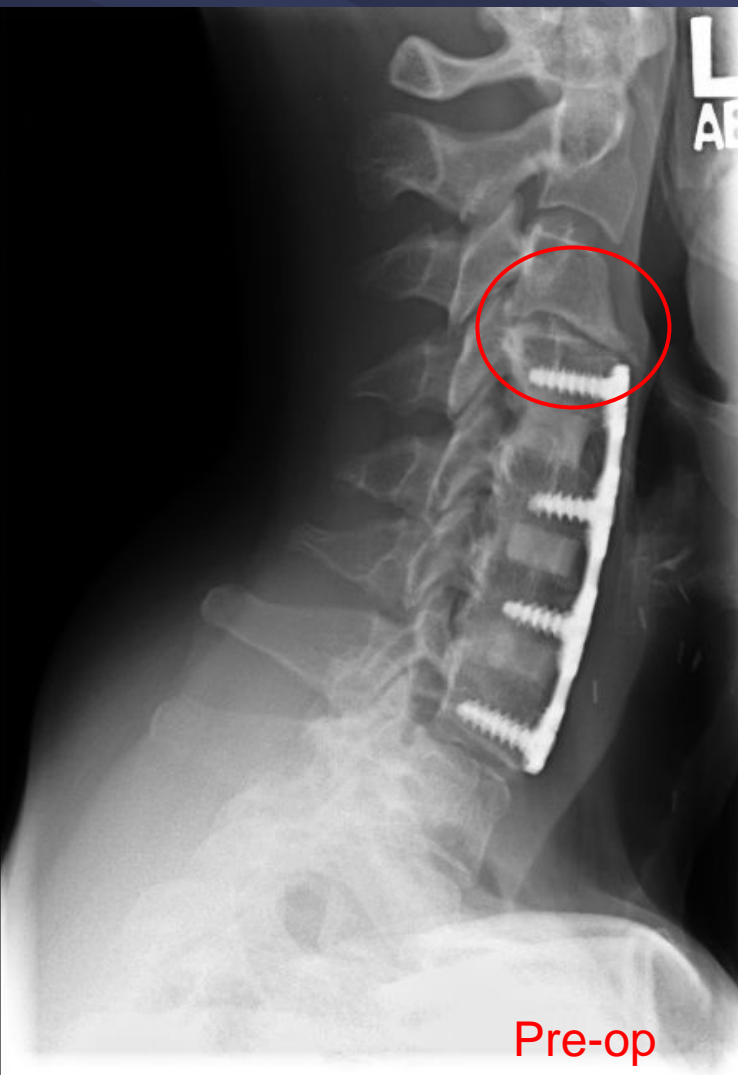
Surgical Strategy

- Radical discectomy, C3-C4, with spinal cord decompression under the microscope.
- Anterior interbody fusion using Cornerstone 7-mm device, C3-C4, with autogenous bone centrally.
- Anterior cervical plate fixation with four-hole Atlantis Vision plate, C3-C4.
- Removal of retained instrumentation and exploration of fusion mass, C4 to C7.
- Intraoperative somatosensory-evoked potentials.
- Intraoperative fluoroscopy.

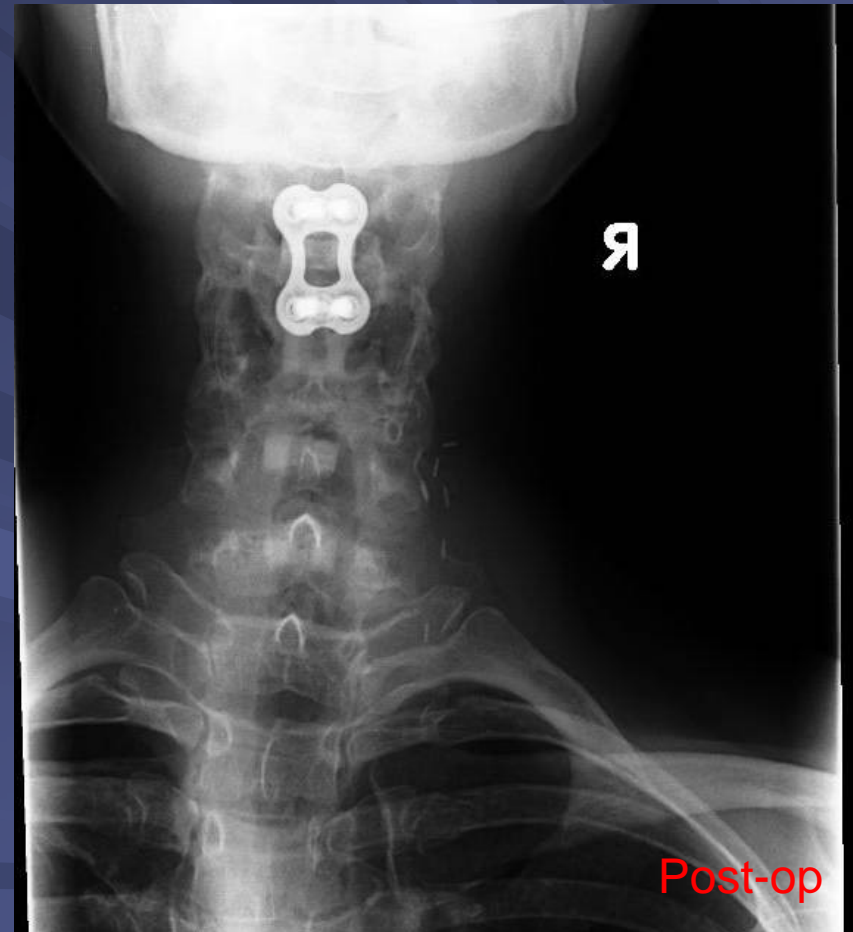
Post-Op Films



Pre-Op/Post-op Comparison



Pre-Op/Post-op Comparison



Patient is doing well. Incision well-healed. X-rays look good. No evidence of problems with the instrumentation. Sub adjacent spine is fused.