



Case Review: Subadjacent Cervical Disc Herniation, treated with an Anterior Cervical Disectomy

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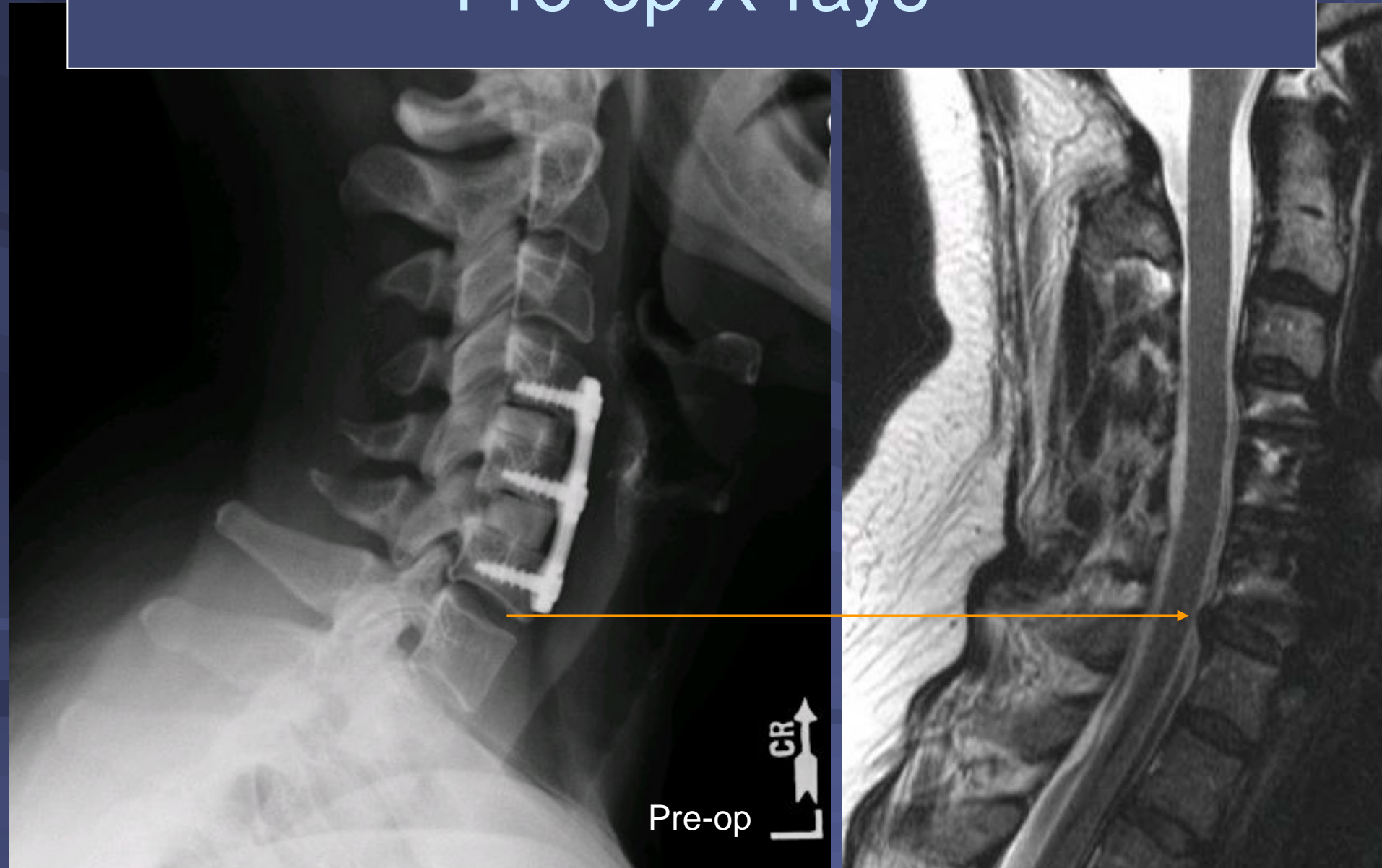
Scoliosis and Spinal Deformity Surgery

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Patient History

- 40 year old female
- Status post anterior cervical discectomy and fusion on 2/16/2005 from C4- C5 and C5-C6.
- Increasing neck pain at the base of the neck.
- MRI today shows a disc herniation with degenerative disc at C6-C7, this is causing effacement of the cord. There is no motor or sensory deficits, no neurological deficits, no focal motor or neuron signs.

Pre-op X-rays



Indications for Surgery

- Subadjacent degeneration and disk herniation, C6-C7.
- Status post anterior cervical discectomy and fusion on C4 to C6.
- Now with failed conservative therapy.
- Axial neck and bilateral shoulder pain.
- Multiple co-morbidities

Surgical Strategy

- Radical anterior cervical discectomy with epidural decompression under the microscope and spinal cord decompression at C6-C7.
- Anterior interbody fusion with Cornerstone allograft/autograft combination 8-mm plank to graft C6-C7.
- Anterior cervical plate fixation, 4-hole Atlantis Vision plate, C6- C7.
- Removal of retained hardware plates, C4 to C6.
- Intraoperative SSEPs.
- Intraoperative fluoro.

Post-Op Films



Findings at Surgery:
Severe degeneration of
C6-C7. There was
uncovertebral loss and
cord compression with
posterior longitudinal
ligament buckling. The
bone was good quality.
The plate was intact.
There was no loosening
of the screws. The
fusion was solid.

Pre-Op/Post-op Comparison



Patient is doing well post-surgery. Instrumentation looks good.