



Case Review: One Level ACDF at C5/6 for a Herniated Disc

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Patient History

- 38 year old female
- C4-5 Degeneration with mild stenosis, but no C5 complaints
- C5-6 Degenerative Disc Disease
- Severe degenerative joint disease, C5-6
- Foraminal stenosis, C5-6
- Kyphotic spine, C5-6
- C6 radiculopathy, pain to the thumb and hands bilaterally
- Severe neck pain
- Failed conservative therapy
- We discussed fusion both C5- 6 and C4-5, but it appears to me at this point that she would be much better served by having a single anterior cervical discectomy and fusion at the C5-6. She has no C5 nerve root complaints. I also told her that the probability is that instead of having a two-level fusion, she might do well by having an artificial disk replacement at C4-5 if this should ever become a problem.

Pre-op Films



The patient has a disc herniation at the C5/6 level as marked. There is a mild bulge at C4/5, but this is asymptomatic.

Indications for Surgery

- Cervical 6 radiculopathy.
- Severe degenerative joint disease, C5-6.
- Foraminal stenosis, C5-6.
- Kyphotic spine, C5-6.
- Anterior mass of posterior osteophyte, necessitating subtotal vertebrectomy.
- Failed conservative therapy.

Surgical Strategy

- Radical diskectomy, C5-6.
- Subtotal vertebrectomy, anterior osteophyte, undergoing tubal osteophyte removal constituting one-third of vertebrae, C5 and C6.
- Anterior interbody fusion with a Cornerstone device with autogenous bone graft, measuring 7 mm, C5-6.
- Anterior plate fixation using an Atlantis four-hole Vision plate at C5-6.
- Intraoperative somatosensory evoked potentials.
- Intraoperative fluoroscopy.

Post-Op Films



The patient is status post anterior cervical discectomy and fusion and is doing quite well. She has minimal shoulder pain. Her symptoms are much improved over her preoperative status. Her x-rays look good. Incision is well-healed. She has no more numbness and tingling in the fingers or hand.