



Case Review:

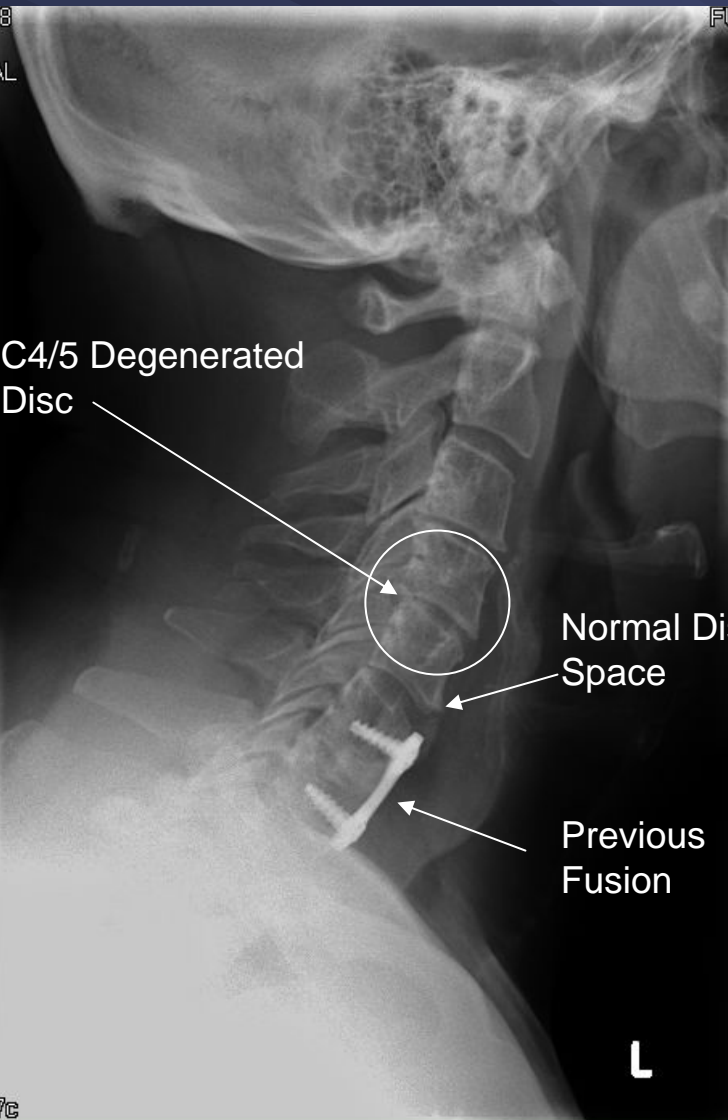
Prestige Artificial Disc
Supra Adjacent to a
previous fusion.

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Patient History

- 57 yr old male
- Status post Anterior Cervical Discectomy and Fusion at C6/7 for radiculopathy.
- Massive neck pain and arm pain
- On MRI found to have myeloradiculopathy due to a second level supra adjacent degeneration disk herniation at C4-5. The disk herniation effacing the cord into the neural foramen bilaterally.
- The patient was offered either a 3-level fusion, (because doing a fusion above and below a normal segment would put this segment at too much risk of having spinal cord decompression) or a cervical total disk replacement at the C4/5 level.

Pre-op X-rays



This patient is a unusual situation where there is a healthy level between the prior fusion and current disc degeneration at C4/5.

An Anterior Cervical Discectomy and Fusion would require treating the healthy disc as well as the degenerated disc. The Artificial Disc allowed us to treat only the affected area.

Indications for Surgery

- Disk herniation at C4-5, cervical myelopathy.
- Status post anterior cervical discectomy and fusion at C6-7.
- Normal C5-6 interval space.
- Failed conservative therapy.
- Motor sensory deficit

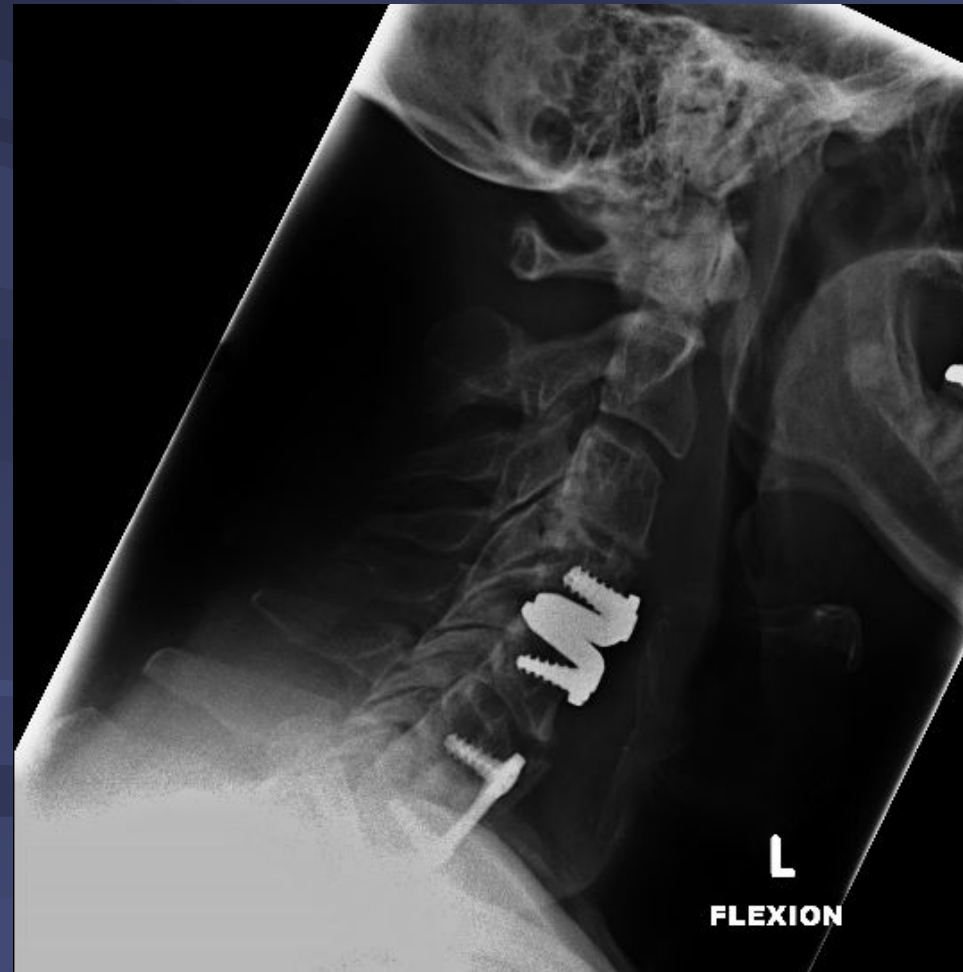
Surgical Strategy

- Subtotal vertebrectomy, C4-5, removal of massive uncovertebral osteophyte compressing spinal cord and nerve roots bilaterally.
- Radical discectomy, C4-5, under the microscope with spinal canal decompression.
- Prestige total cervical disk replacement, 7 by 16, for reconstruction of cervical C4-5 disk space.
- Intraoperative somatosensory evoked potentials.
- Intraoperative fluoroscopy.

Post-Op Films



Post-Op Flexion and Extension X-rays



Pre-Op/Post-op Comparison



The patient is doing well post-operatively. His neck pain and arm pain have almost completely resolved. He is very happy with the outcome of his surgery.

Pre-Op/Post-op Comparison

