



# Degenerative disordres of cervical spine

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# Degeneration

physiological

Begins mostly from 30 yrs

Could be without difficulties

– Most frequently C5-6 + adjacent segments



X-ray degenerative changes in

90% of males older than 50 yrs + 90%

of females older than 60 yrs (Schmorl +

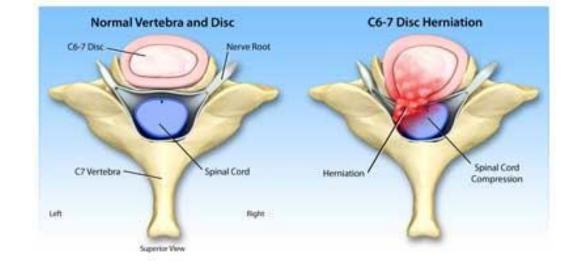
Junghann) - only minority of them with

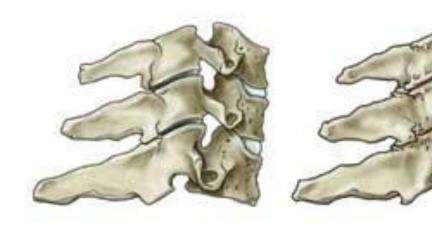
compression of neural structures

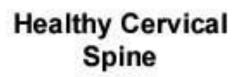
# Degeneration of motion segment

- Osteochondrosis involvement of intervertebral disc protrusion, hernia
- Spondylosis involvement of vertebral end plates –
   anterior, posterior, lateral osteophytes
- Spondylartrosis involvement of intervertebral joints lateral stenosis
- Uncoartrosa involvement of proc. uncinatus foraminal stenosis

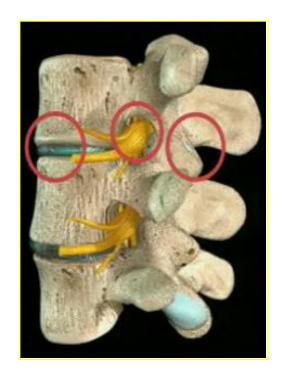








Degeneration of Cervical Spine Due To Arthritis





# **Examination**

Anamnesis

Clinical

Radiological

Neurological - EMG, mJOA score, Nurick scale



### **Clinical manifestation**

– Pain syndrome without neural deficit

- radiculopathy – nerve compression

 myelopathy – spinal cord compression (clumsy hands, gait and sensory, sfincter disorders)



# Radiological examination

– X-ray, including flexion / extension (functional)

- MRI

-(CT, myelo CT, KPMG, ....)



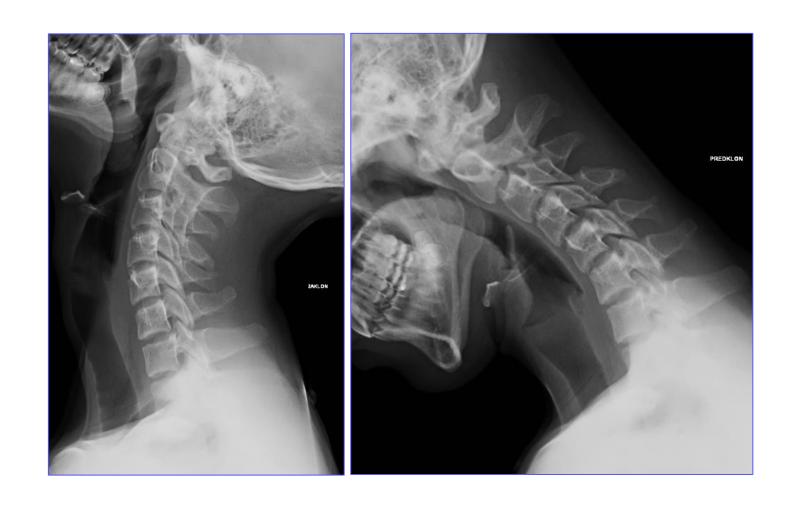
# X-ray diagnostics





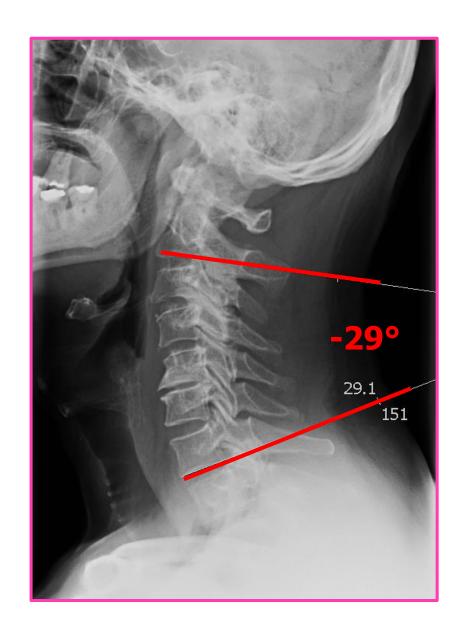


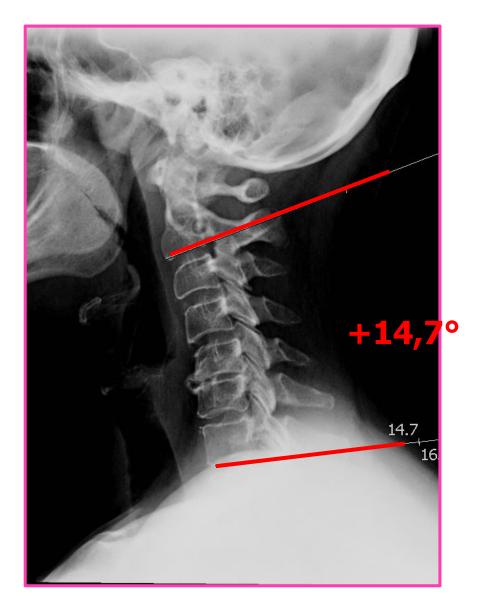
# X-ray - FUNCTIONAL





# Cobb angle



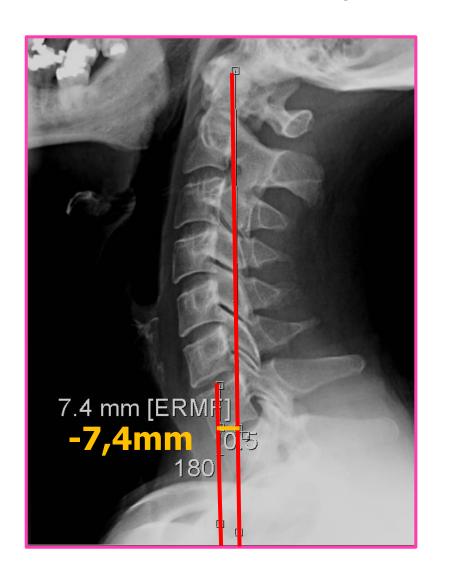




# **SVA C2-7**

# Sagittal vertical axis Plumb line from C2, C7







# **Therapy**

Conservative – remedies, orthoses, physiotherapy, régime measures

Surgical



# **Surgery indications**

Spinal instability

Compression of neural structures

– pain? (relative)

Other



# **Principles of tx**

Non fusion systems

Anterior fusion systems

Posterior decompression + fusion techniques



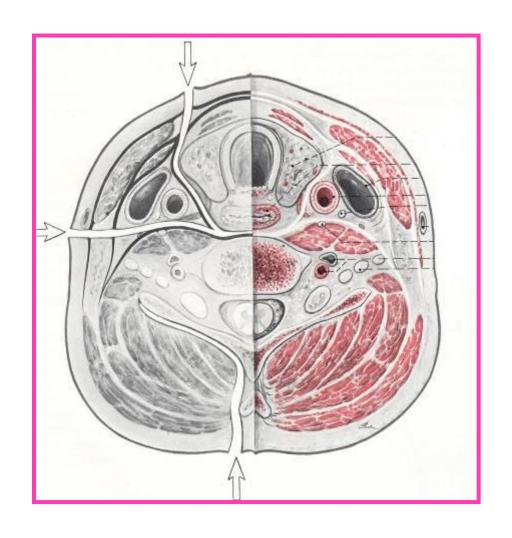
# Surgical approaches

# 1.Anterior

- -transoral
- -transmandibular
- -anterolateral
  - -pre SCM
  - -retro SCM

(sternocleidomastoid m.)

# 2.Posterior



# **Anterior surgeries**

# Removal of spondylophytes











# **Anterior surgery – non fusion**

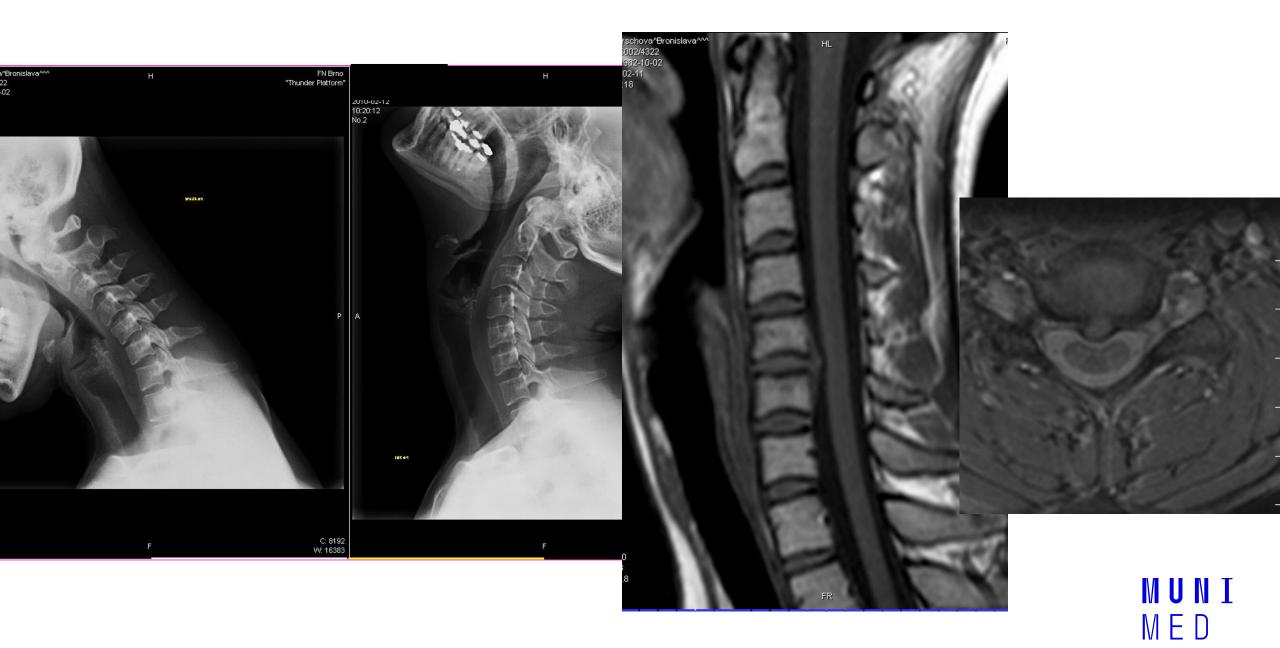
- Non fusion technologies artificial disc total disc endoprosthesis
- Indication: soft hernia without skeletal degenerative changes

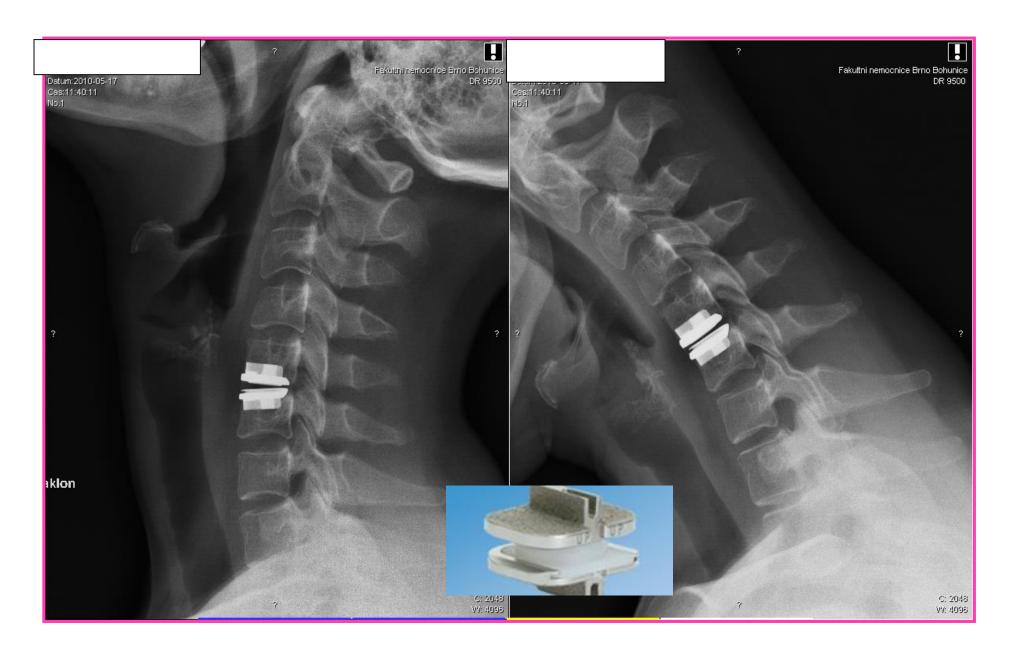














# Anterior surgeries – fusion techniques

Disectomy – replacement by cage or graft

Somatectomy 1- several vertebral bodies –
 replacement by graft, bone cement, cage

Fit / recommend to add anterior plate



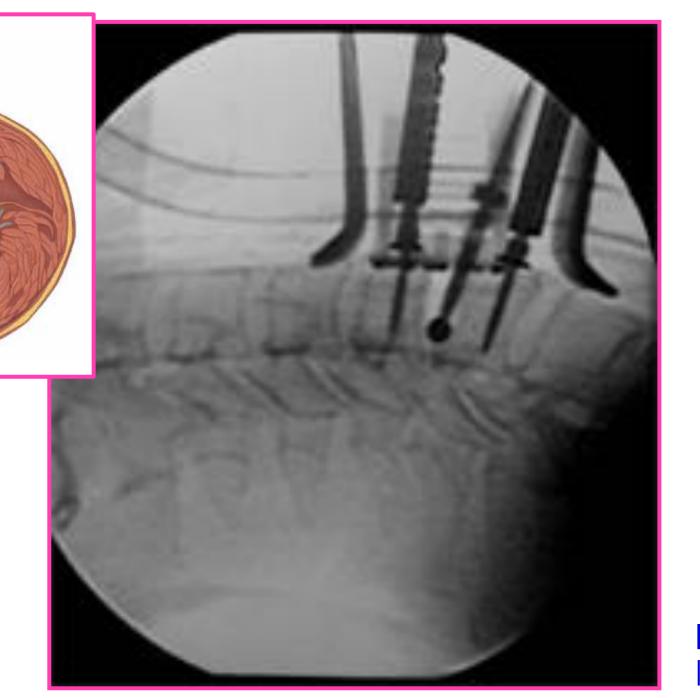
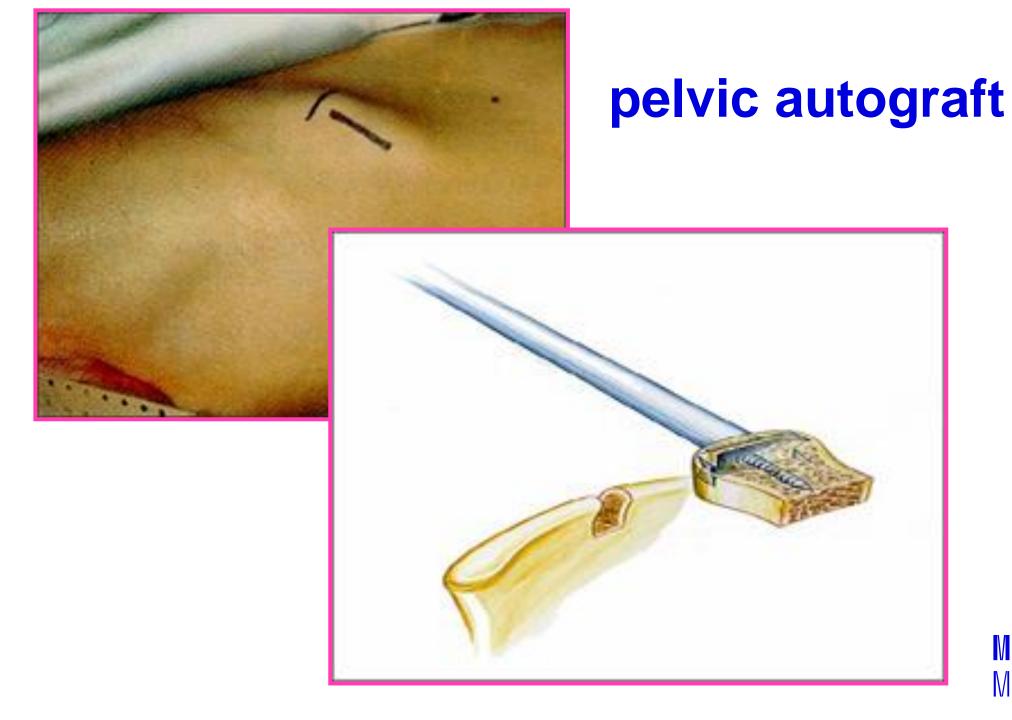


Figure 5b







# Polyetheretherketon (PEEK)polymer







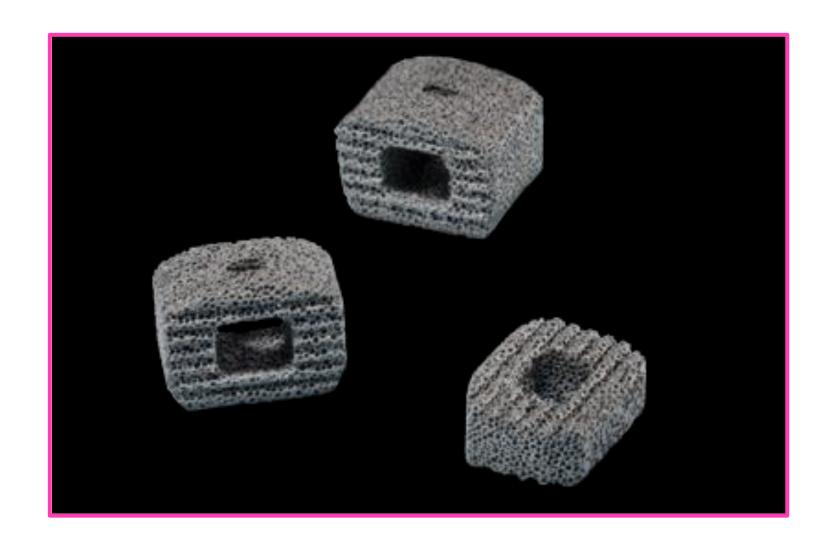


# **Titanium implants - cages**





# **Trabecular metal**

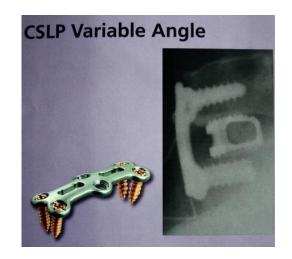




# **Cervical plates**











# **Cervical plates - dynamic**

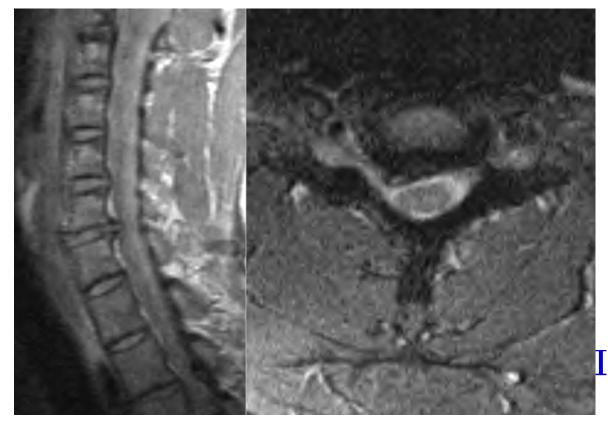


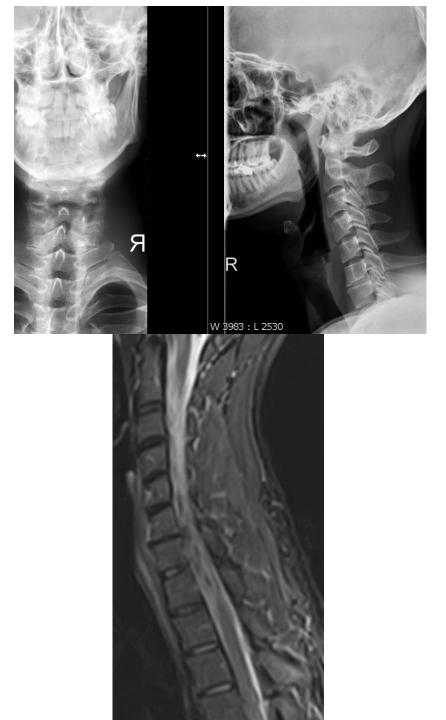


















#### cages



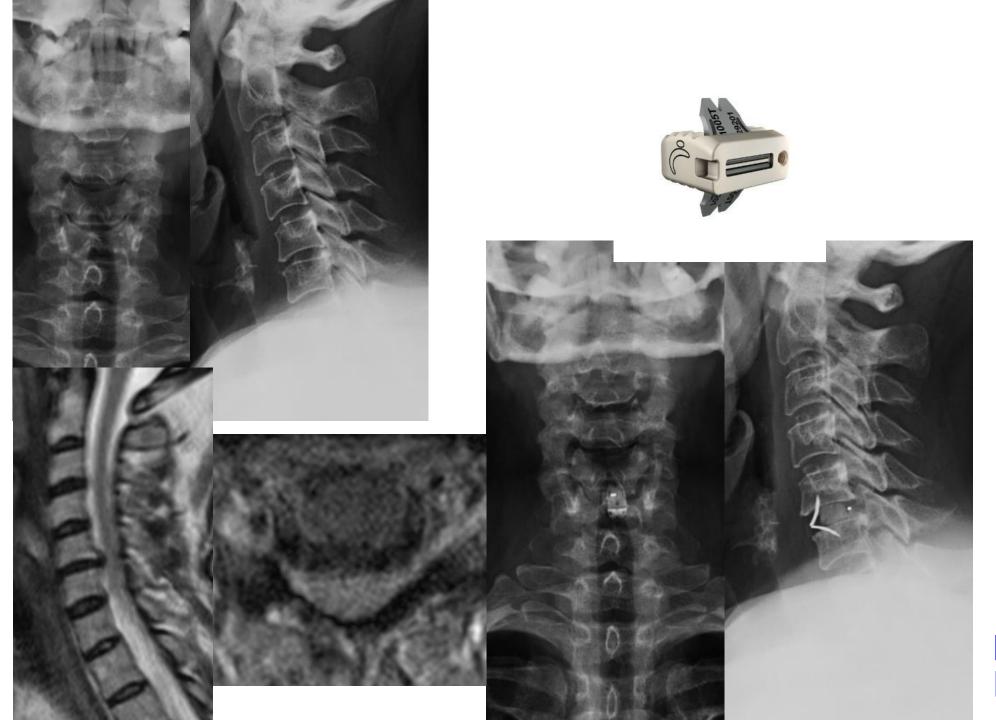












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# Posterior approaches - principles

Foraminotomy

Laminoplasty

Laminectomy

Stabilisation



# Posterior approaches

Enlargement of spinal canal - decompression

– Laminectomy + stabilisation

Laminoplasty in most cases without stabilisation



# Laminoplasty

Indication – multilevel,
 posterior event. combined
 stenosis, preserved cervical
 lordosis





#### Laminoplasty indication

– CSM – cervical spondylogenic myelopathy

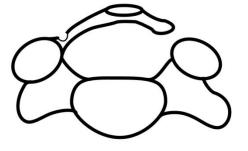
OPPL – ossification of posterior longitudinal ligament

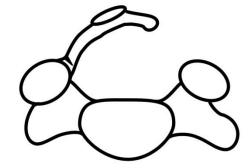


## Laminoplasty

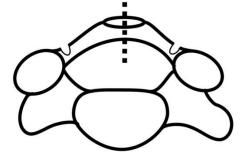
Types – open door x french door Hirabayshi x Kurokawa

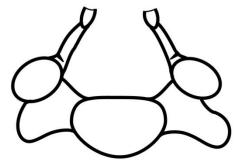
Hirabayshi





Kurokawa

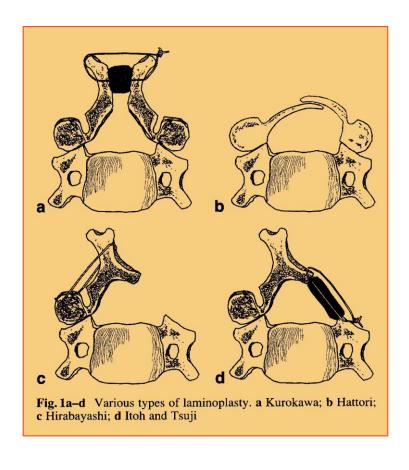






## Laminoplasties

## with plates

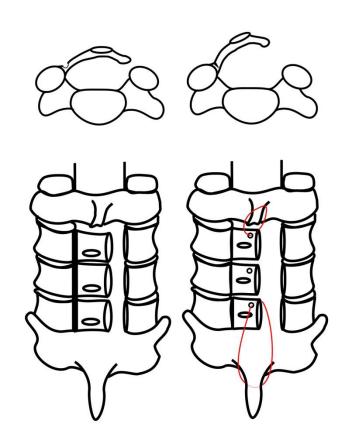


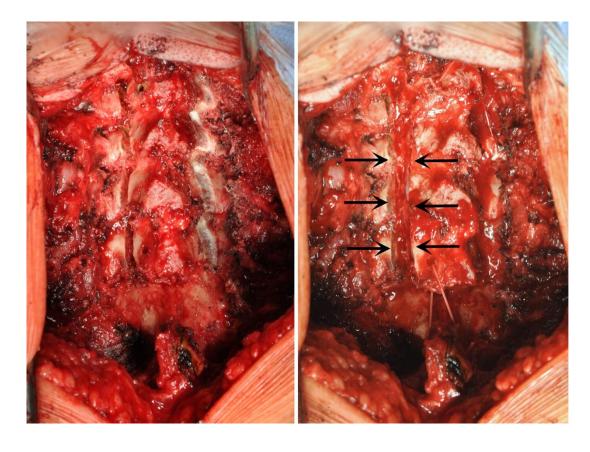




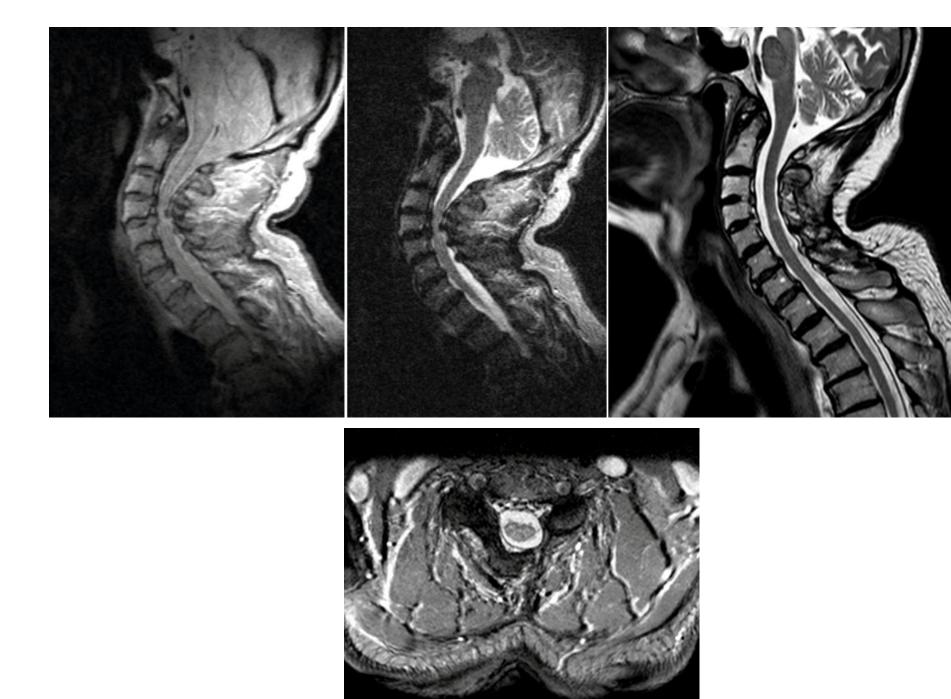


## **Open door laminoplasty**









#### **Principles of stabilisation**

Occpitocervical fusion

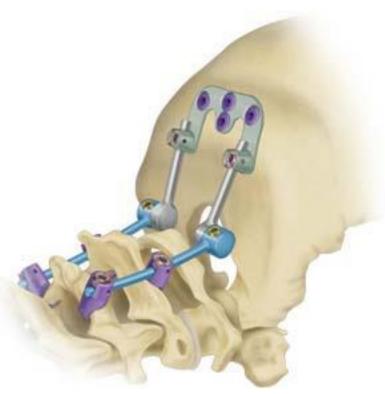
Sublaminar fixation by loop + graft + event. plate

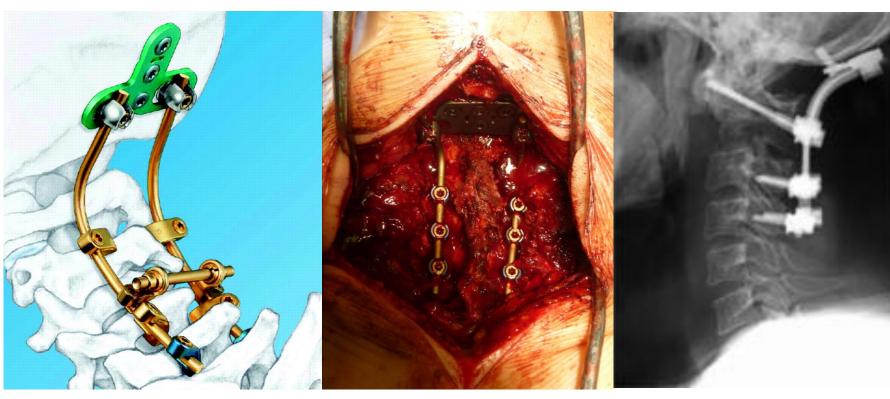
Transarticular fixation C1/2

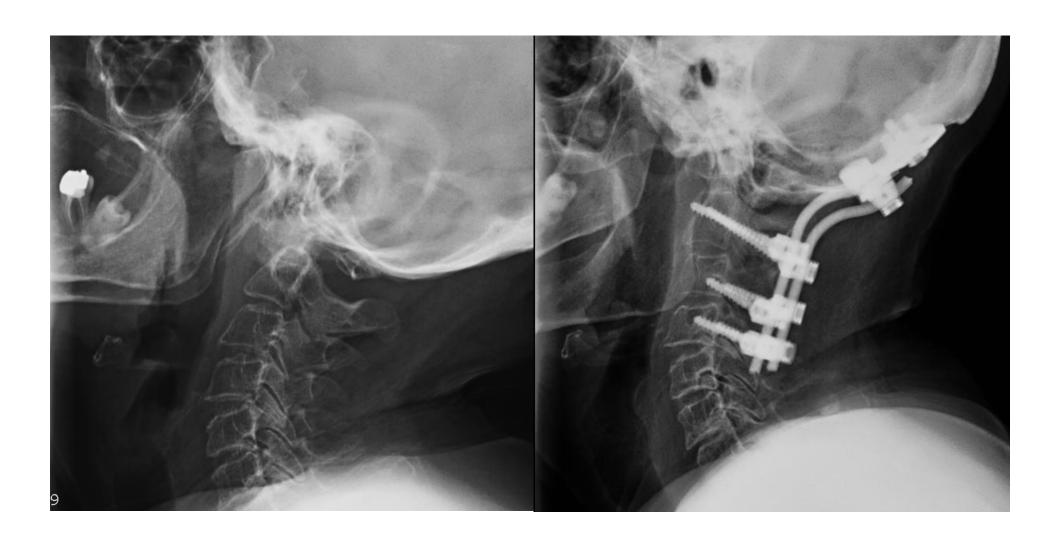
Fixation by screws and plate / rod



# Occipitocervical fusion







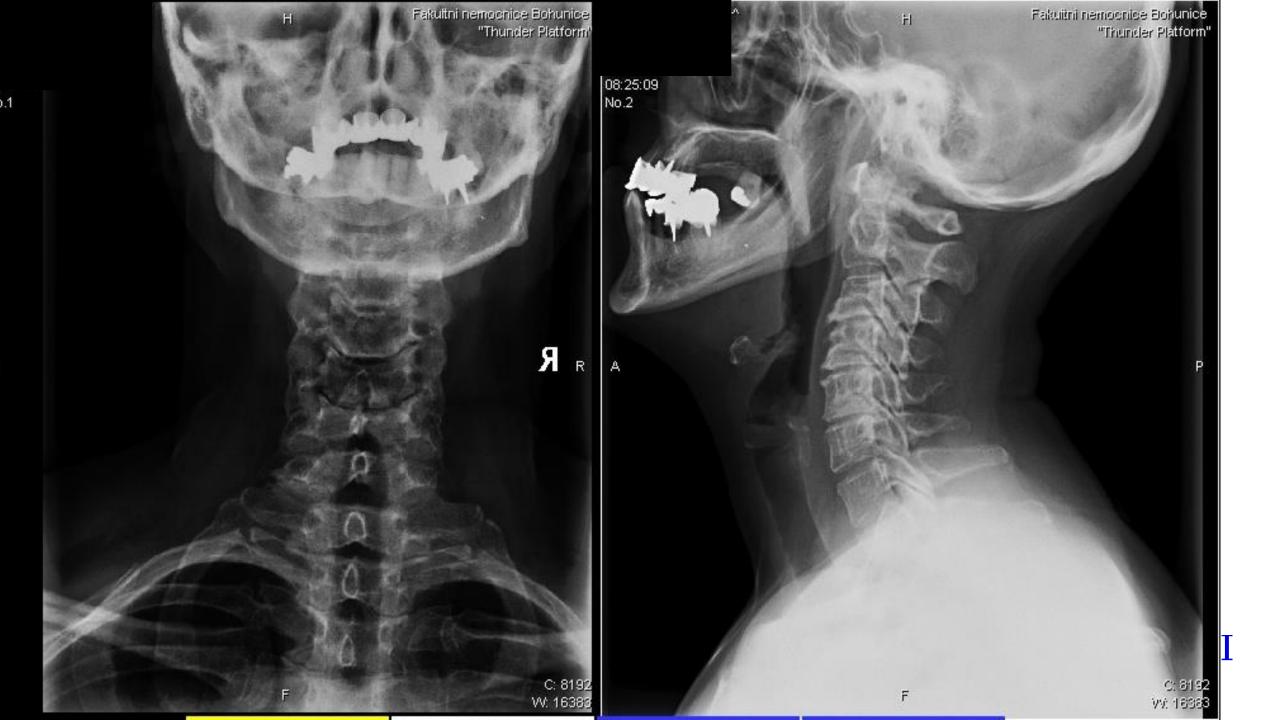




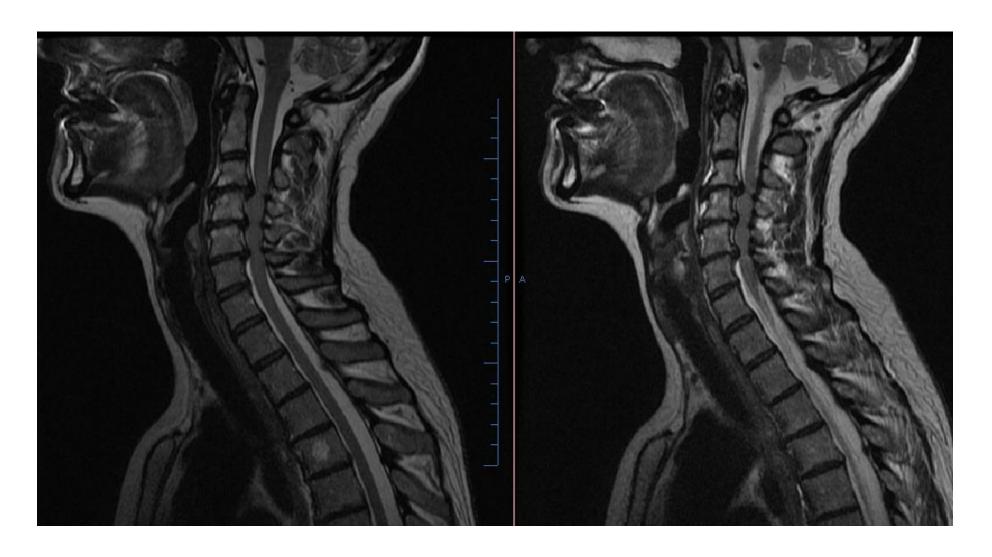
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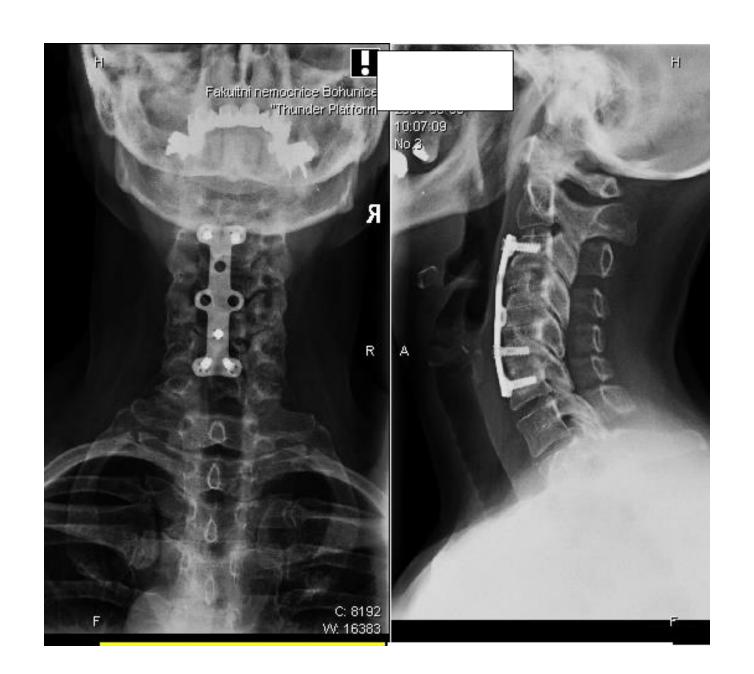
# **Combined surgeries**













## Complications

Early - late

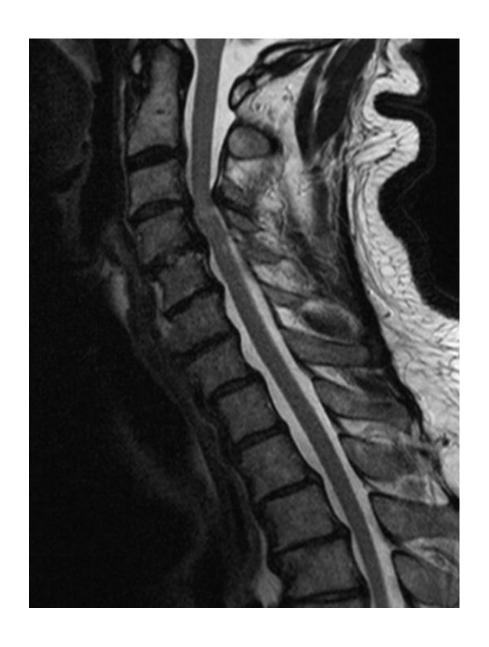
 Worsening of neural finding - hematoma, oedema with myelopathy, prominence of soft and bone structures, prominence of implants

MRI - CT



# Complication – worsening of neural deficit



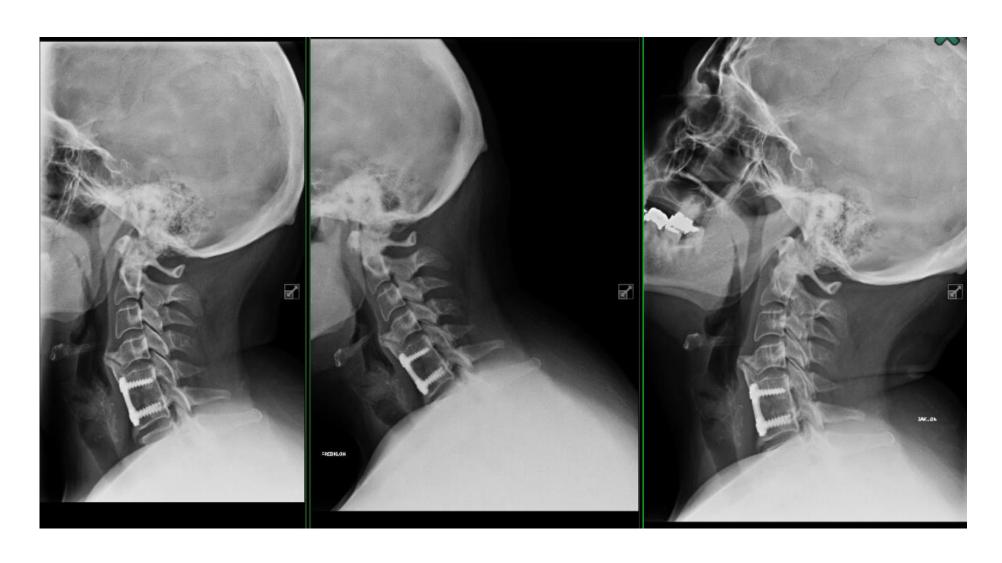




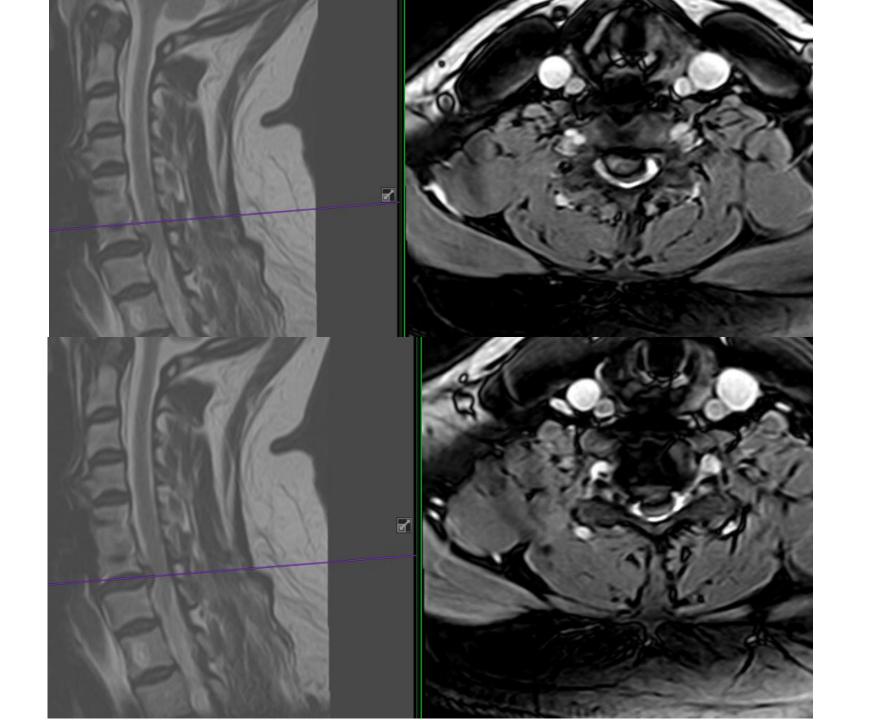


## Late complication

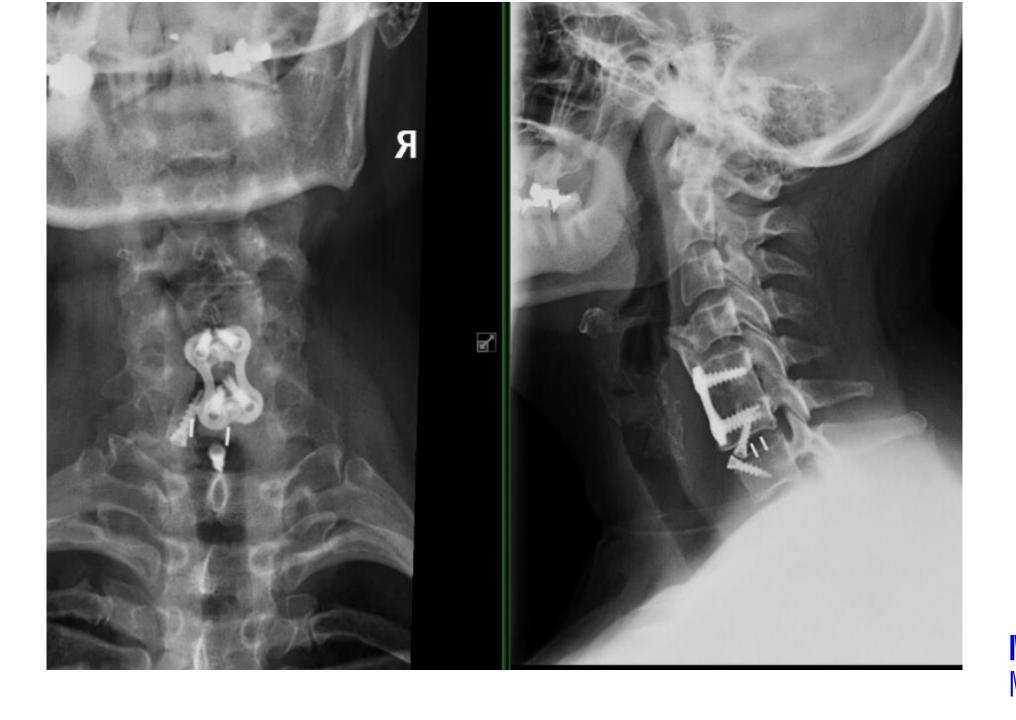
adjacent segment disease











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#### Conclusion

- Anamnesis, Clinical, Neurological examination
- X-ray of the whole C spine
- Functional X-ray
- MRI
- CT
- Recommendation







