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Co-Director of Spine Fellowship
Boston Medical Center

Neck Session SURGICAL OPTIONS To min

Disclosure

No COI

NECK SESSION

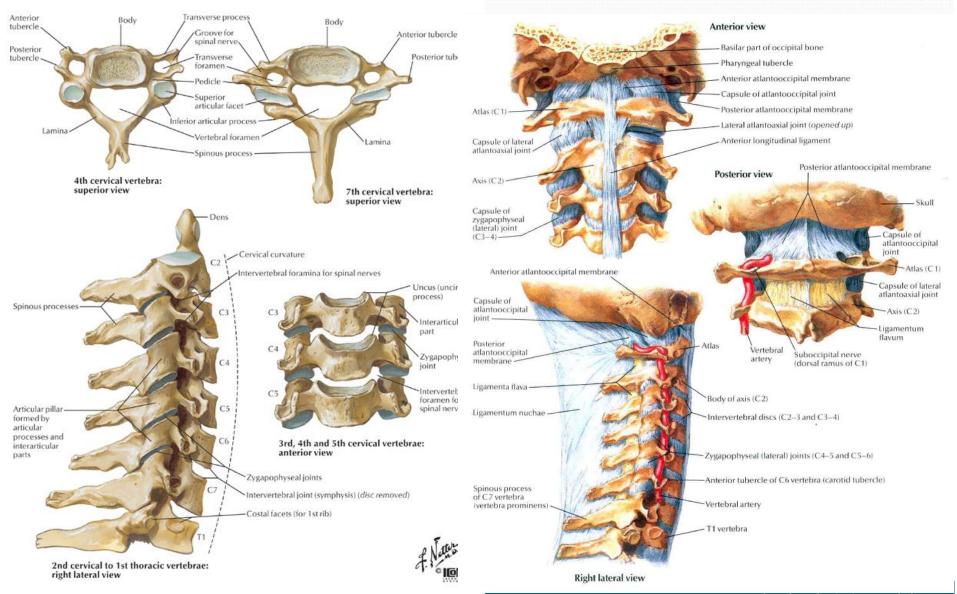
- Neck Injuries: Whiplash, Minor Fx (Dr. Mostoufi)
- Disc HNP: Non-Op Rx (Dr. Feliz)
- Pain Generator: C spine vs Shoulder (Dr. T Tannoury)
- Surgical Options

Neck Injury Presentations

- NECK PAIN
- SHOULDER PAIN
- ARM PAIN
- N/T/Weakness: UE/LE
- Loss Dexterity/ Imbalance

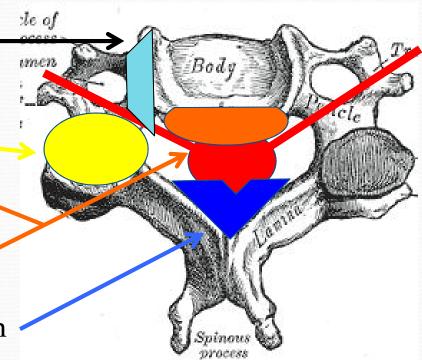


Anatomy



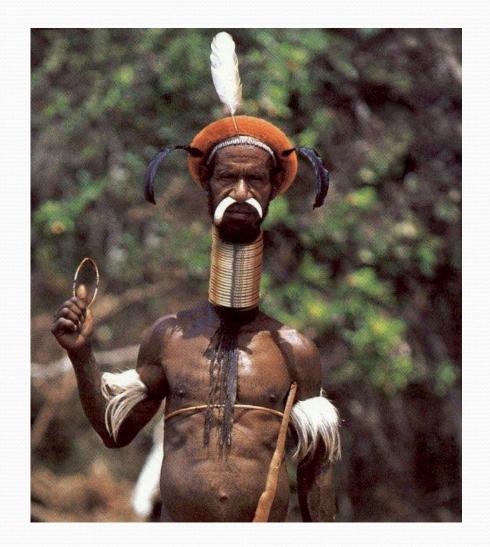
Radiculopathy/ Myelopathy - Pathophysiology:

- Direct Mechanical compression NRoot/Cord:
 - Uncus joint
 - Facet joint
 - Disk Osteophyte Complx
 - Disc Herniation OPLL
 - Infolding Ligamentum flavum



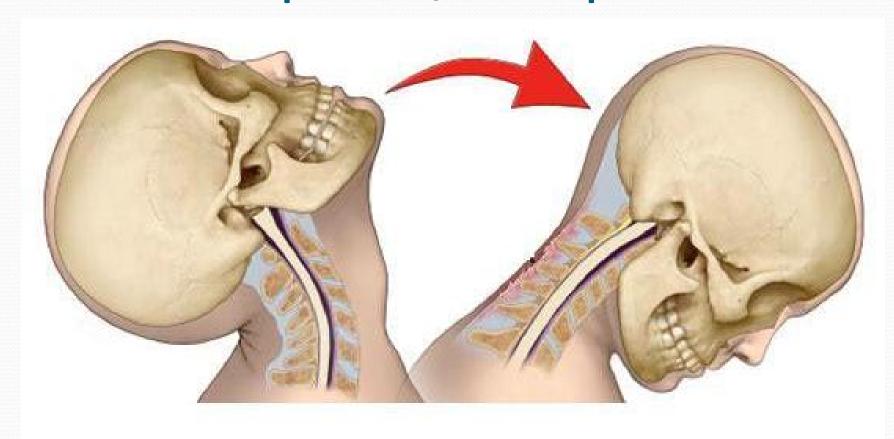
Most Common Causes Neck Pain

- Cervical Sprain
- Cervical Spondylosis
- Cervical radiculopathy
- Cervical myelopathy
- Fracture

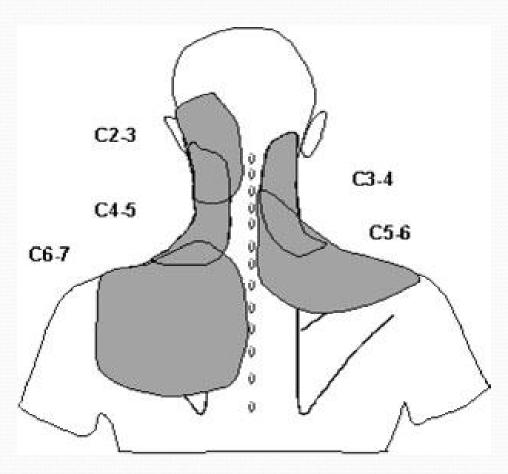


Dwyer Et al, Bogduk et al

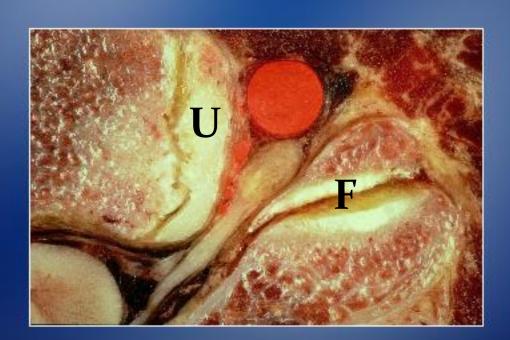
Cervical Sprain / Whiplash



Discogenic Pain (Spondylosis)

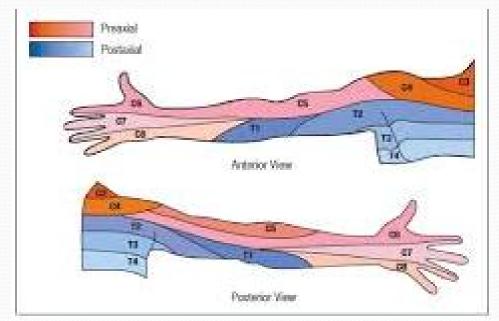


Cervical Spondylosis With Sclerosis of the Uncus and Root Compression

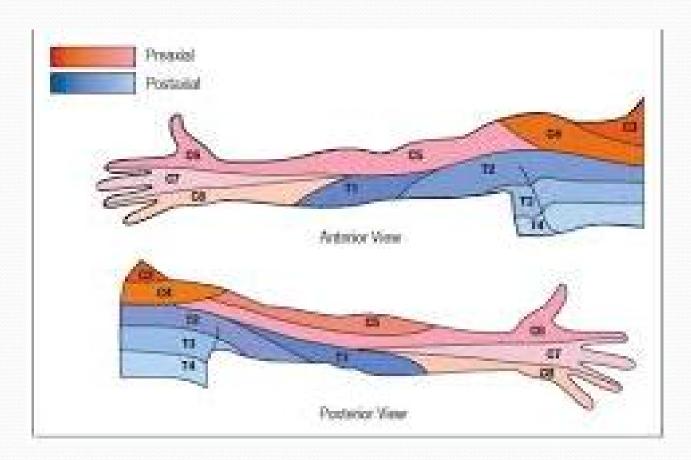


Cervical Radiculopathy

- PINCH'ed NERVE
- Pain is often accentuated by maneuvers that stretch the involved nerve root. Some examples include:
 - Coughing
 - Sneezing
 - Reaching



Radicular Pain



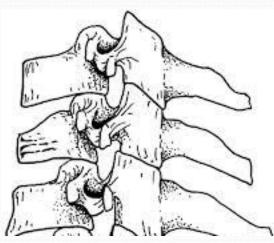
Spinal Cord Compression: Myelopathy

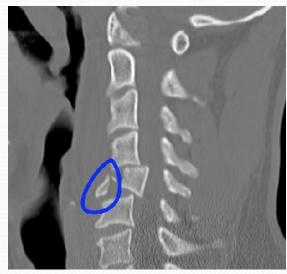
- Neck Pain
- UE:
 - Radiculopathy
 - Weakness/N/T
 - Clumsiness
- LE:
 - Loss of Balance
 - Frequent Falls
 - Gait disturbances



Cervical Fractures

- Vertebral Body:
 - Compression fractures
 - Burst fractures
- Facet fractures
 - Subluxation
 - Dislocation





Facet Fractures / Dislocation





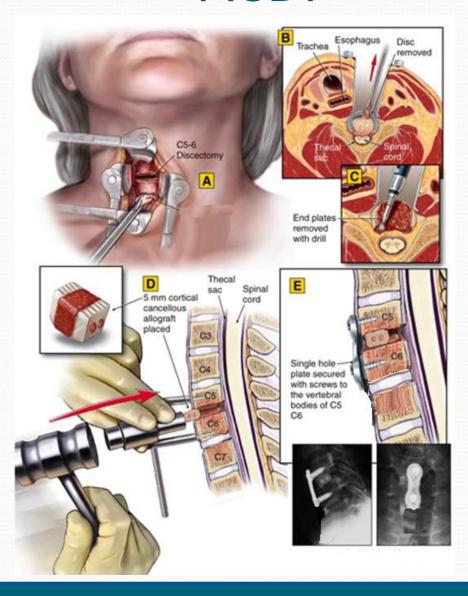
MANAGEMENT - Terminology

- Axial Neck Pain (without neurologic deficits):
 - Typically conservative mgmt (PT)
 - Facet block? RFA?
- Arm Pain: Radiculopathy
 - PT/ Traction / Injections
 - Surgery: if conservative management fails
- Surgery: Weakness, Myelopathy, Instability (Fracture, Stenosis, HNP, Infection, Tumor, etc)

Surgical Options - Terminology

- Anterior cervical diskectomy and fusion (ACDF)
- Anterior cervical corpectomy and fusion (ACCF)
- Cervical disk arthropasty replacement (cTDR)
- Posterior cervical laminotomy Foraminotomy
- Posterior cervical laminectomy & Fusion
- Posterior cervical laminoplasty

ACDF

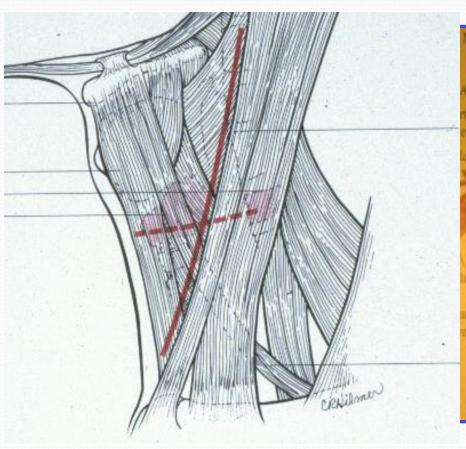


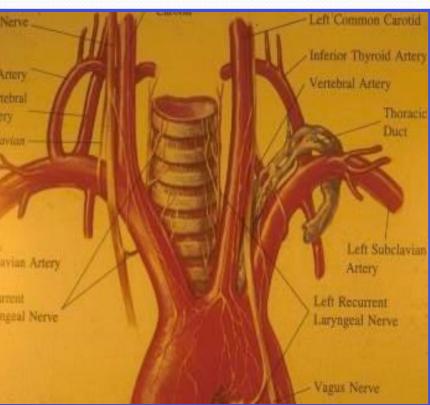
Positioning and Anatomy

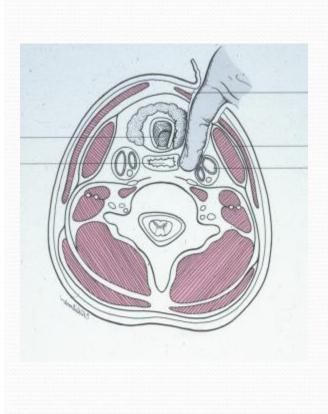
Mild Neck extension

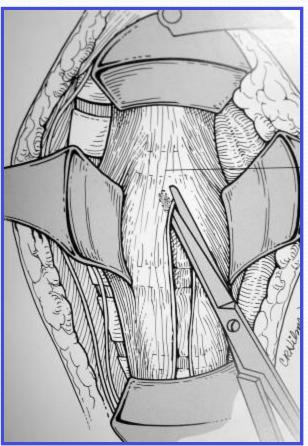


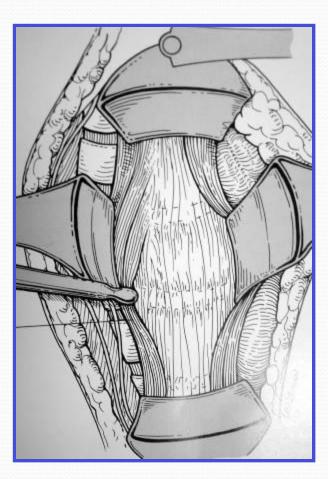
Anatomy







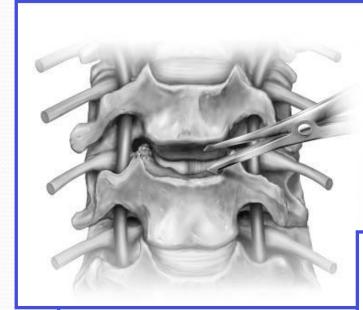




Discectomy and Decompression

• HT: 5-10mm

• W: 10-15mm



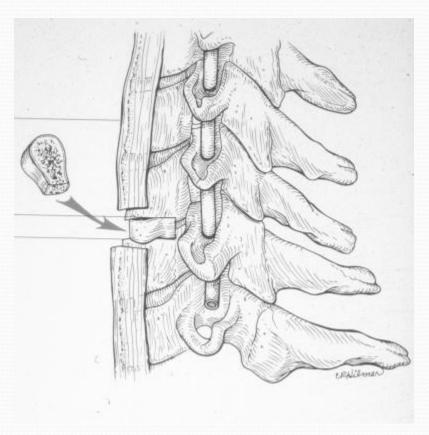


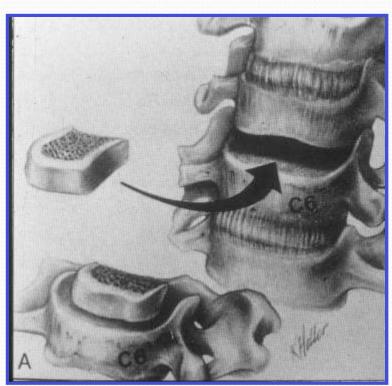
• Depth: 12-17mm

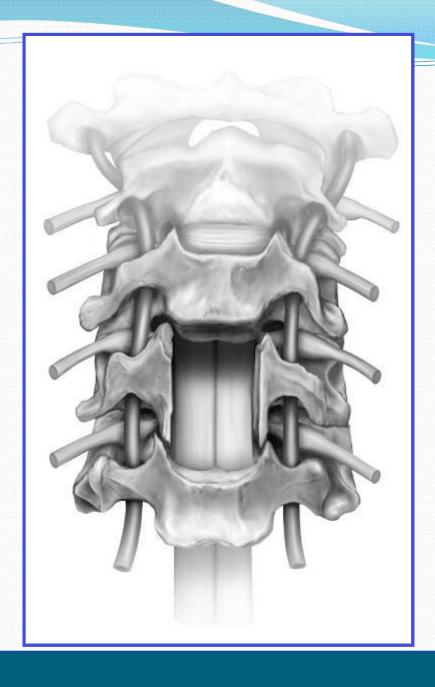


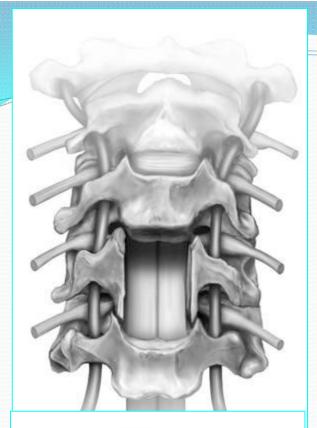


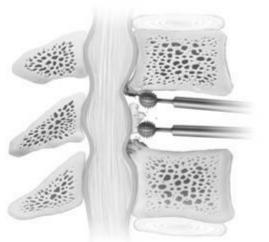
Bone Graft Placement



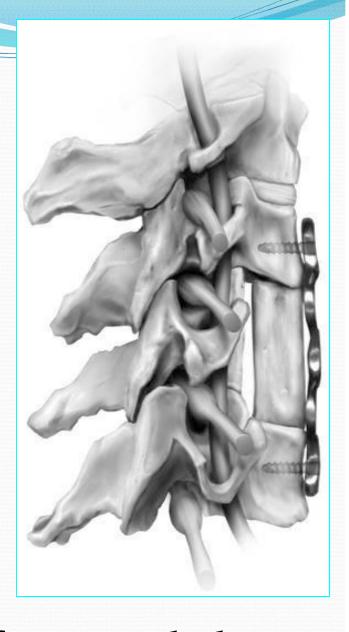






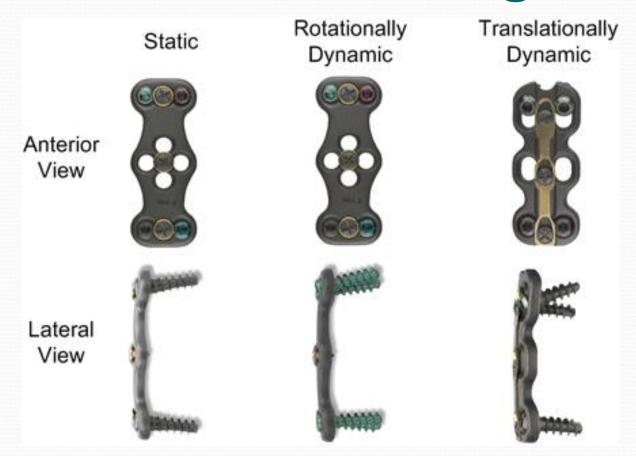


corpectomy



TUSION AND KREIGHT IN GRIES WORKS TO May 2 & 3, 2016

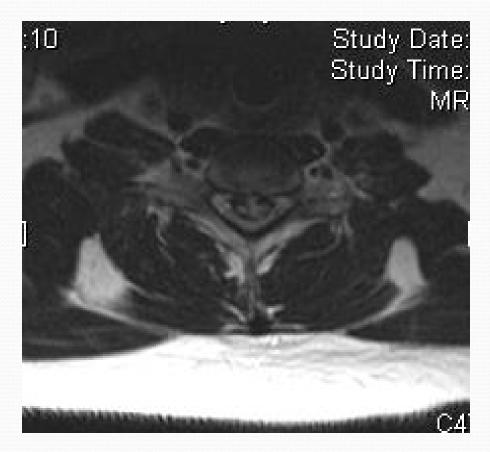
Anterior Plating



ACDF Cases

32 F s/p chiropractic manip – U&LE weakness





ACDF





42y F with C6 & C7 radic





45 y F – Roll over MVA: C5-6-7





Adjacent segment disease

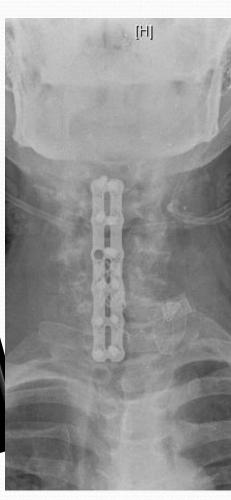




Adjacent segment disease



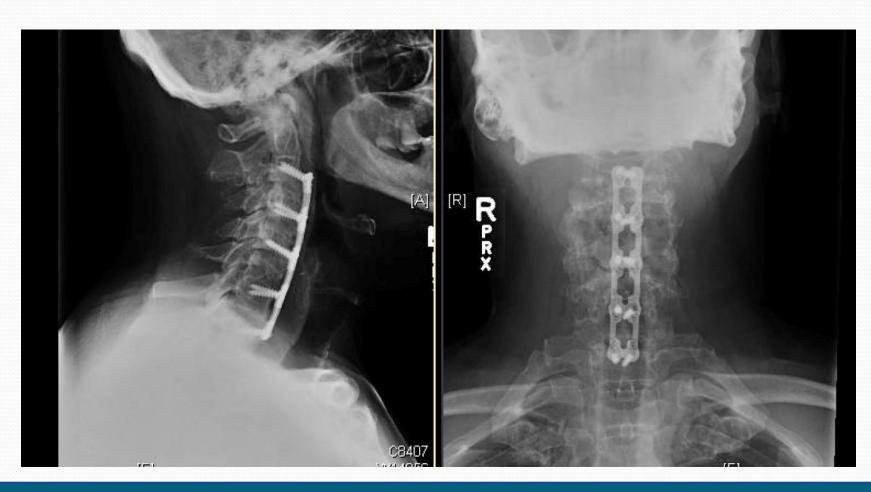




Multilevel: C3-C7



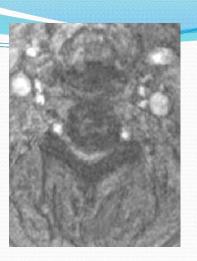
Multilevel: C3-T1



ACCF Cases

50 M with chronic progressive difficulty ambulating









C₄-5



C5-6

k Related Injuries Workshop May 2 & 3, 2016

Corpectomy & fusion



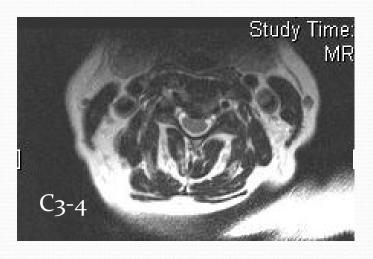


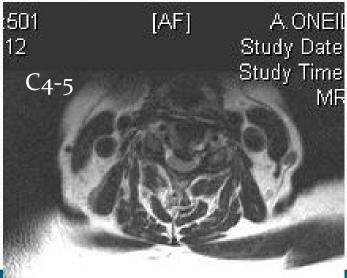
orkshop May 2 & 3, 2016

55 F w L Neck/shoulder Pain, L

biceps weak





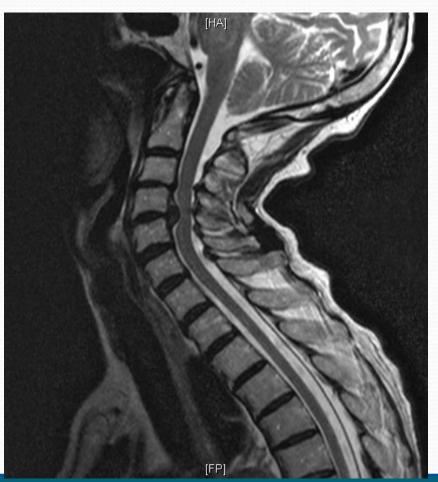


C4 corpectomy – ACF C3-5





70 y F with Myelopathy C4 Corpectomy – ACF C3-5





Cervical Disc Arthroplasty

- Artificial disc replacement
- Preserves ROM
- Decrease risk of adjacent DD
 - Decrease Reoperation rate
 - 1 level: ACDF 17.3% vs cTDR 4.5%
 - 2 level: ACDF 21% vs. cTDR 7.3%



Jackson JNS 2016 (5 yr f-up)

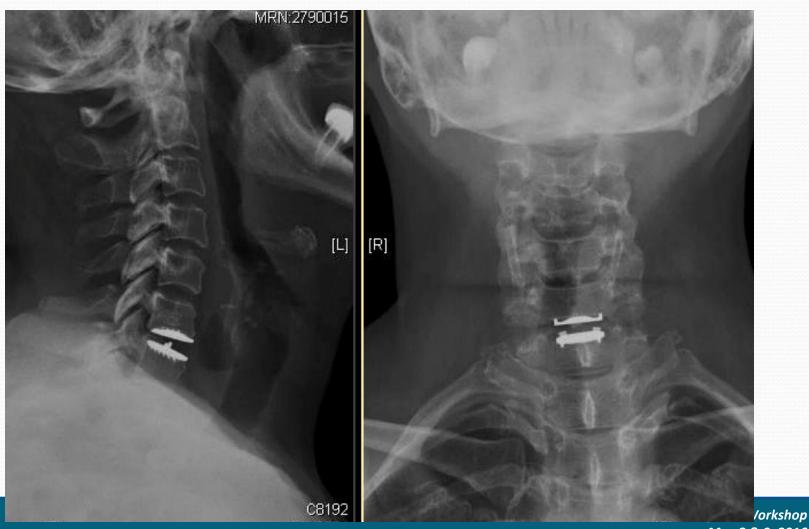
39 y M w C7 Radiculopathy





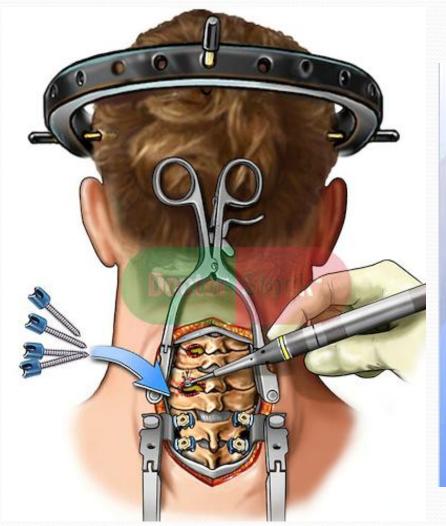


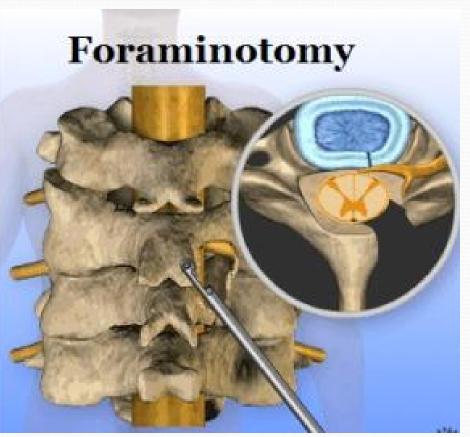
45 y F with C7 radiculopathy



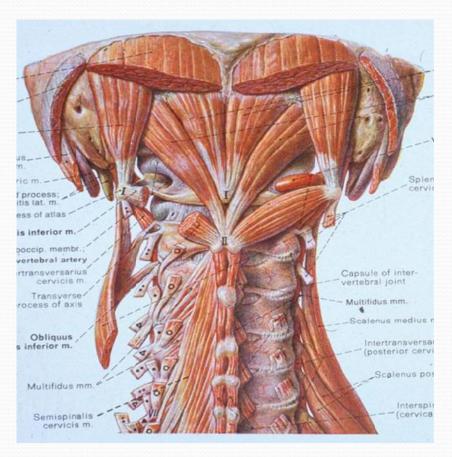
Posterior Cervical Options

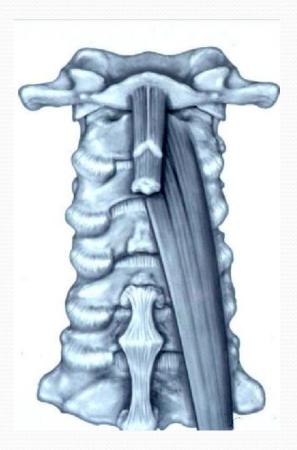
Cervical Foraminotomy



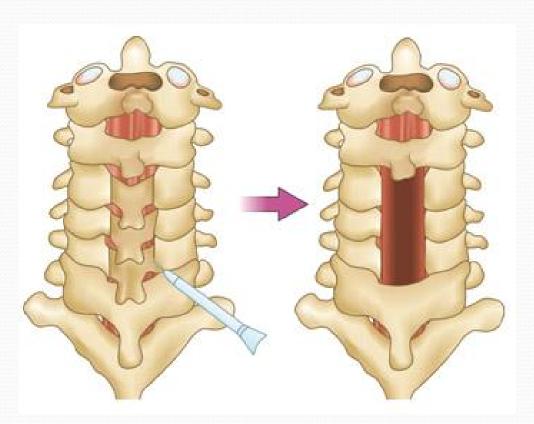


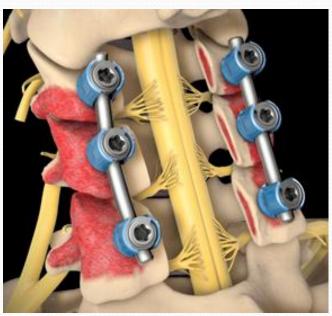
Not tissue preserving!



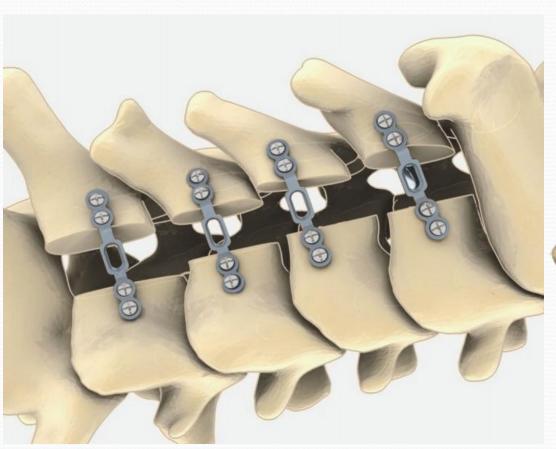


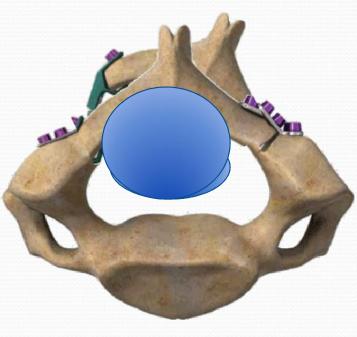
Cervical laminectomy and fusion

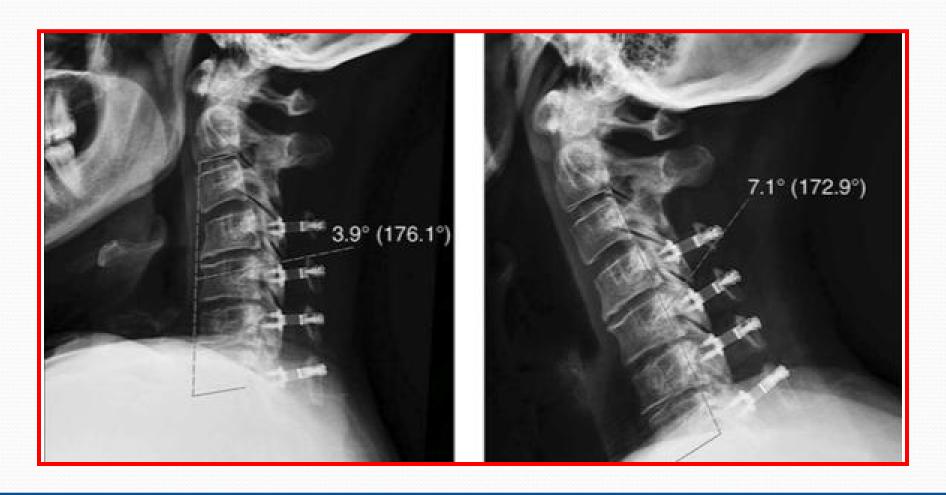




Cervical Laminoplasty





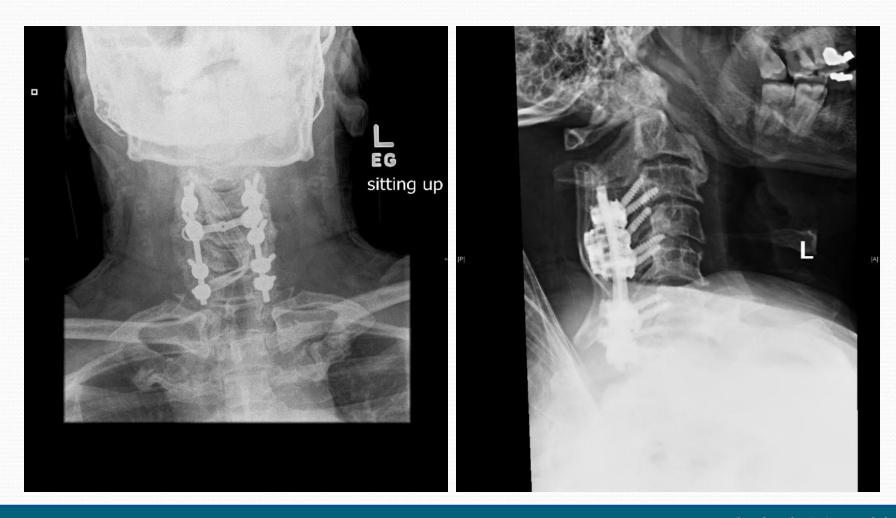


Posterior Cases

55 M – U/L ext weak, clumsiness



Cervical Laminectomy & fusion



64 y F w hand N/T & diff Dexterity









56 y M w Myelopathy







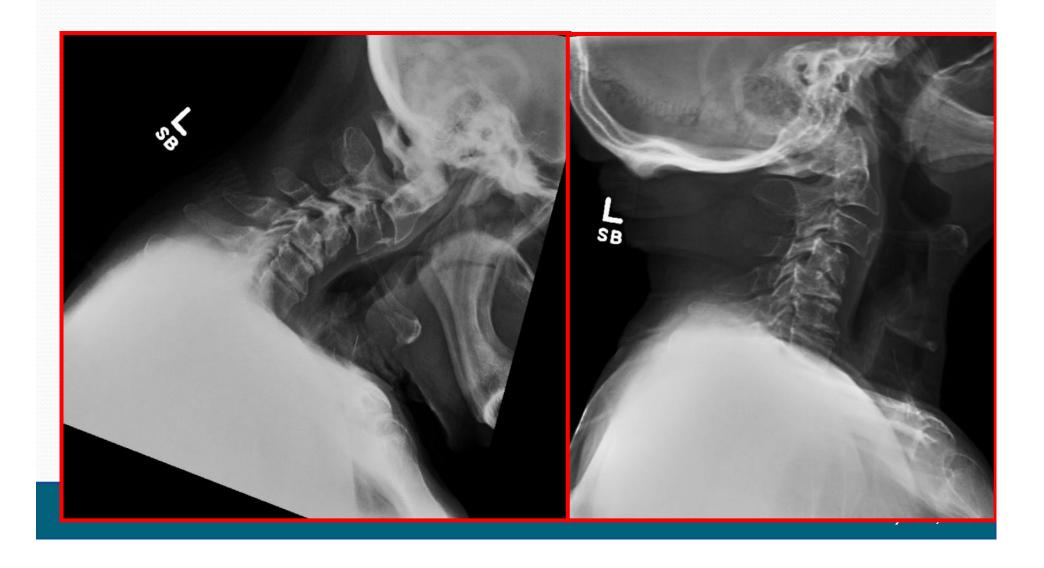
56 y M w Myelopathy





Combined Ant-Post CF

60 y M w severe myelopathy



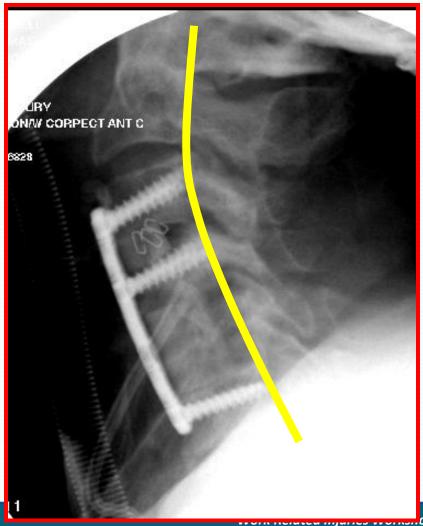




Work Related Injuries Workshop May 2 & 3, 2016

Stage I: Corpec C5-ACCF C3-6





Stage II – Post Lami Fusion



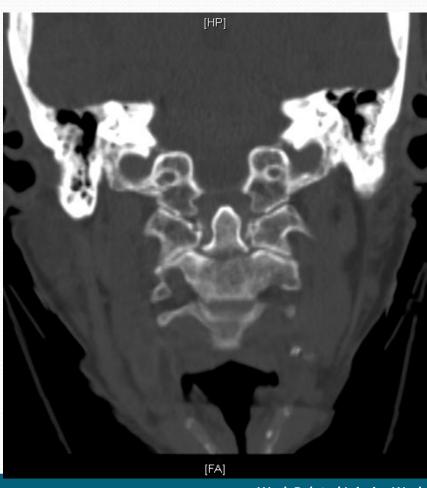


CONCLUSION

- Anterior:
 - ACDF/ACCF
 - cTDR
- Posterior:
 - Laminectomy/foraminotomy +/- Fusion
 - Laminoplasty
- Combined

60 y F, fall face down, neck pain







Thank You!