

ANTERIOR SURGICAL APPROACH IN RESOLVING CERVICAL MYELOPATHY RESULTING FROM A MULTISEGMENTAL DEGENERATIVE PROCESS

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Progressive degenerative diseases of the cervical spine are an increasingly common cause of the development of cervical myelopathy.

The analysis was performed on 67 surgically treated patients with multisegmental degenerative processes of the cervical spine. Thirty-three patients underwent surgical treatment on two levels, 25 on 3 levels and 9 on 4 levels. Muscle strength and control cervical spine X-ray were monitored pre - and postoperatively; control MRI was performed after 6 months of surgery.

All the patients recovered to a higher or lower extent, and the progression of neurological deficits stopped in all of them. In 7 patients, certain swallowing problems were observed. Two patients underwent revision due to the intrusion of titanium grafts into the corpuses and front destabilization. Three patients underwent repeat surgery after one year, whereby segmental approach was expanded from two to three and from three to four levels. In 13 patients, problems with the extent of neck rotation were registered, but this did not affect their normal life activities. The finding resulting from the muscle strength monitoring of the most affected group of muscles indicates a significant improvement with respect to all levels of preoperative motor weakness.

The presence of chronic pain syndrome and the development of neurological deficits in correlation with the MRI finding represent an absolute indication for surgical treatment. The anterior surgical approach not only eliminates the causes of compression of the neurovascular elements, but also provides correction of the intervertebral disc space height, correction of kyphosis and the loss of lordosis.

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