

TREATMENT STRATEGIES FOR THE DEGENERATIVE SPONDYLOLISTHESIS OF THE CERVICAL SPINE

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Objective: Degenerative spondylolisthesis of the cervical spine is rare. Patients show signs of progredient myelopathy, radiculopathy and pain. Treatment strategies include ventral, dorsal and 360 degree fusion techniques with or without reposition and/or decompression.

Material and Methods: Here we present 13 patients with degenerativ cervical spondylolisthesis, Leading symptom in all patients was myelopathy. Additionally, radiculopathy was present in 9 patients and pain in 8. Radiographic examinations included plain roentgenography, MRI, CT, myelography and lateral tomography. Spondylolisthesis was located in 6 cases at the level C3/4, in 5 cases at the level C4/5, in one case at level C5/6 and in 3 cases at level C7/T1. There were two patients with olisthesis on 2 levels. Instability could be demonstrated by flexion/extension radiography in 5 cases. In all patients anterior fusion was performed. In 8 patients the olisthesis could be corrected by extension and positioning, so discectomie and fusion with cage, plate and screws was sufficient. In 5 cases a corpectomy was necessary. In 1 case a combined approach with dorsal decompression and ventral fusion was applied. The follow up period was 6 to 52 months.

Results: After surgery no patient show signs of neurological deterioration. In all cases a solid fusion was achieved with no signs of instability in flexion/extension radiograms. Neurological improvement was seen in 7 patients, 6 showed stable disease. Pain relief was seen in all 8 patients presented with pain.

Discussion: The aims of treatment for cervical spondylolisthesis are myelodecompression (ventral, dorsal or both), correction and fusion. The used procedure should depend on the severity of the cervical deformity, degree and side of the myelcompression, and the possibility of correction by extension and positioning.