

البحث الخامس

عنوان البحث باللغة الإنجليزية:

Surgical management of cervical spondylotic myelopathy: institutional experience

Abstract

Background:

Cervical spondylotic myelopathy (CSM) is the predominant aetiology of spinal cord impairment. Furthermore, it is the primary factor contributing to spinal-cord-related impairment in older adults.

Aim of Study: To evaluate the prognostic variables that could assist in predicting the surgical prognosis in patients with CSM.

Patients and Methods: This retrospective analysis was carried out on a cohort of 40 patients with CSM who had surgery, either anteriorly or posteriorly, at the Neurosurgery Department of Beni-Suef University Hospitals. The patients were evaluated for many prognostic parameters, including age, sex, length and severity of symptoms, number of afflicted levels, intrinsic cord alterations, and whether they had anterior or posterior surgical technique.

Results: The average age of the participants was 52.75 years. Men accounted for 70% and females accounted for 30%. Mean symptom duration was 12.15 ± 17.31 months. 57.2% of the subjects maintained cord signal prior to the procedure. Prior to surgery, 55% of them reported symptoms of grade 4 weakness. 57.5% of the participants had anterior cervical discectomy and fusion (ACDF) surgery, whereas the other patients got laminectomy with or without lateral mass fixation. No statistically significant disparity in post-operative Nurick's score, post-operative Odoms criteria, or post-operative complications between patients who had laminectomy and those who underwent ACDF. Preoperative motor power, presence or lack of cord signal, and pre-operative Nurick's score significantly impact postoperative outcome.

Conclusion: The most important prognostic factors after surgical intervention for cases of CSM are pre-operative severity of myelopathy, cord signal in MRI imaging and preoperative motor power affection.

Key Words: Cervical myelopathy – Cord signal – Weakness.