

Anterior cervical discectomy reoperation

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Indications

Reoperation after an ACD may be necessary due to: 1. **Adjacent Segment Disease (ASD):** Degeneration at levels adjacent to the previously operated segment due to altered biomechanics. 2. **Recurrent Disc Herniation:** Residual or new disc material compressing the nerve roots or spinal cord at the same level. 3. **Pseudarthrosis** In cases where fusion was performed but did not achieve solid arthrodesis, leading to persistent pain and instability. 4. **Hardware Failure or Migration:** In cases with anterior cervical discectomy and fusion (ACDF), plate loosening, screw pullout, or cage migration can necessitate revision. 5. **Infection or Osteomyelitis:** Postoperative infection may require debridement and reconstruction. 6. **Persistent or Worsening Neurological Deficits:** If symptoms fail to improve or worsen postoperatively, surgical revision may be necessary.

Surgical Options for Reoperation The choice of surgical technique depends on the cause of failure and patient-specific factors:

1. Revision Anterior Approach:

1. **Anterior Cervical Discectomy and Fusion (ACDF):** If the initial ACD was performed without fusion, adding a cage with plating may improve stability.
2. **Cervical Corpectomy:** If multiple levels are involved or there is significant osteophyte formation compressing the spinal cord.
3. **Re-do ACDF or Anterior Cervical Disc Arthroplasty (ACDA):** For recurrent disc herniation at the same level.

2. Posterior Approach:

1. **Posterior Foraminotomy:** If symptoms are primarily due to foraminal stenosis without

instability.

2. **Posterior Cervical Fusion:** If instability is present, a posterior lateral mass or pedicle screw fixation may be required.

Complications of Reoperation - Higher Risk of Dysphagia and Dysphonia: Due to scar tissue formation and retraction of soft tissues. - **Increased Risk of Infection:** Especially in revision surgeries. - **Spinal Cord and Nerve Root Injury:** Due to distorted anatomy and adhesions. - **Lower Fusion Rates:** Compared to primary surgery, especially in multilevel cases. - **Anterior Approach Challenges:** Increased difficulty due to scarring from the previous surgery.

Postoperative Considerations - Rehabilitation: Physical therapy to restore mobility and prevent further degeneration. - **Adjunct Therapies:** Bone growth stimulators may be considered in cases of pseudarthrosis. - **Long-term Follow-up:** Surveillance imaging (MRI, CT, X-rays) to assess fusion and adjacent segment health.

Conclusion Reoperation after anterior cervical discectomy is sometimes necessary due to recurrent or persistent pathology. The choice between anterior and posterior approaches depends on the underlying cause, prior surgical technique, and patient-specific factors. Careful preoperative planning, surgical precision, and postoperative management are crucial to improving outcomes in revision cervical spine surgery.

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Last update: **2025/03/09 14:16**

