Cervical degenerative disc disease outcome

Cervical degenerative disc disease may progress into compression of the spinal cord, or cervical spondylotic myelopathy (CSM), which can cause neurologic dysfunction.

Although recent work has focused on characterizing quantitative MRI markers that may predict outcome among patients with cervical degenerative conditions, little is known about their reliability. Measurement and reporting of these markers is time-consuming and non-standardized, thereby preventing their routine use in clinical care.

The good and very good reliability observed in measuring T2-weighted spinal cord signal change, level of worst compression, AP cord diameter, and kyphosis support the use of these markers in standardized reporting which could be incorporated into routine clinical use [1].

It is often accompanied by dizziness. It has been shown that the ingrowth of Bulbous corpuscles into diseased cervical discs may be related to cervicogenic dizziness.

Patients with CS appear to exhibit cortical thinning and atrophy with worsening neurological and pain symptoms in specific brain regions associated with sensorimotor and pain processing [2].

Driving

I appears to be safe to resume driving after discharge from hospital. However, patients scheduled to undergo anterior cervical discectomy and fusion should be informed about increased reduced driving reaction time (DRT) as compared to healthy individuals [3].

Many patients suffering from radiculopathy or myelopathy from cervical disc disease are limited in their ability to operate an automobile. Following anterior cervical spine surgery, most patients are able to return to comfortable driving at 6 weeks [4].

1)
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