

Cervical disc herniation case series

Four patients (mean age 39.5 years) presented to a tertiary care academic medical center from September 2012 to September 2013 with severe progressive neurologic deficits due to cervical disk herniation and were included in the series. Patients' surgical, medical, and imaging records were retrospectively reviewed under an Institutional Review Board waiver of informed consent. Results

Patients in the series presented with acute neurologic deterioration, including paraparesis, Brown-Séquard syndrome, or quadriparesis deteriorating to quadriplegia. Emergent magnetic resonance imaging (MRI) scans and emergent decompression and fusion for acute soft disk herniation were performed in all cases. All patients recovered to excellent functional status with Frankel score improvement from B (one patient)/C (three patients) to E (three patients)/D (one patient).

Acute cervical disk herniation with acute neurologic deterioration is a medical emergency necessitating emergent MRI and surgical decompression. Clinical presentation varies. In patients with rapid-onset neurologic deterioration, a high level of suspicion for this rare entity is indicated ¹⁾.

¹⁾

Harel R, Knoller N. Acute Cervical Disk Herniation Resulting in Sudden and Severe Neurologic Deterioration: A Case Series. Surg J (N Y). 2016 Sep 17;2(3):e96-e101. doi: 10.1055/s-0036-1593357. eCollection 2016 Jul. PubMed PMID: 28824999; PubMed Central PMCID: PMC5553475.

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