Cervical disc herniation clinical features

Cervical radiculopathy

see Cervical radiculopathy clinical features

The most common scenerio of cervical disc herniation is that the symptoms were present upon awakening in the morning without identifiable trauma or stress [1].

Cervical radicular pain: The cervical discs are not very large; however, there is also not a lot of space available for the nerves. This means that even a small cervical disc herniation may impinge on the nerve and cause significant pain. The arm pain is usually most severe as the nerve first becomes pinched.

Cervical myelopathy

Degenerative cervical myelopathy and SCI due to cervical disc herniation:

Acute cord compression presenting with myelopathy or spinal cord injury, especially central cord syndrome and sometimes Brown Sequard syndrome is well described in association with traumatic cervical disc herniation [2].

Less commonly, these findings may occur in non traumatic cervical disc herniation.

This presentation of cervical disc herniation with accurate diagnosis, and early anterior spinal cord decompression lead to complete recovery of these cases [3].

Kobayashi et al. reported reported in 2003 two cases of Brown-Sèquard syndrome produced by herniated cervical disc.

The first patient was a 64-year-old man who presented with right leg weakness and diminished sensation to pain and temperature in the left side below the T4 dermatome. The second patient was a 39-year-old man who presented with right-sided weakness and diminished sensation to pain and temperature in the left side below the T6 dermatome.

Anterior cervical discectomy with fusion was performed for these patients.

These cases revealed contralateral deficit in sensation of pain and temperature of more than a few levels below the cord compression, and showed paracentral protruded disc in magnetic resonance images and cervical spinal stenosis in cervical spine X-rays. Postoperatively, motor and sensory function of these patients returned to normal.

Characteristic finding in discogenic Brown-Sèquard syndrome are contralateral deficit in sensation of pain and temperature of more below than a few levels below the cord compression and paracentral protruded disc with cervical spinal stenosis. Outcomes are favorable in rapid diagnosis by magnetic resonance images and performance of anterior approach [4].

In 1983, Heyl associated Brachioradial pruritus (BP) with cervical spine disorders such as osteoarthritis, trauma or disc herniations [5].

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