

Cervical intramedullary lesion

Treatment

The traditional approach for cervical intramedullary lesions is [laminectomy](#), but the procedure may result in spinal instability and spinal deformity.

Unilateral multilevel interlaminar fenestration (UMIF)

Is an alternative minimally invasive approach that may have great advantages in preserving spinal stability. However its use in cervical intramedullary lesions is rare, and the indications, safety and limitations of this approach for cervical intramedullary lesions are still under investigation.

In five patients (three males, two females, age range 12-46years) who were treated between 2010 and 2011 for cervical intramedullary lesions. The lesions included three ependymomas, one astrocytoma and one ependymal cyst, and the locations of the lesions were at the medulla-T2, C4-T1, C5-C7, C4-C7 and C6-C7. All of these lesions were completely removed through UMIF, and all patients had stable or improved neurological status after surgery. No recurrences or spinal deformities were detected during the follow-up period which ranged from 24 to 35months (mean=27.4months). UMIF is a feasible approach for selected cervical intramedullary lesions. This approach allows complete resection of multilevel lesions without increasing the risk of injury to the spinal cord, and minimizing the risk of postoperative spinal instability ¹⁾.

¹⁾

Xie T, Qian J, Lu Y, Jiang Y, Wan Z, Zhang L, Luo C. Unilateral multilevel interlaminar fenestration: A minimally invasive approach for cervical intramedullary lesions. J Clin Neurosci. 2014 Jul;21(7):1196-204. doi: 10.1016/j.jocn.2013.10.025. Epub 2014 Jan 2. PubMed PMID: 24674700.

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