

Cervical lordosis



- Magnetic resonance imaging in the evaluation of different compression locations in patients with cervical spondylotic radiculopathy
- Digital tomosynthesis enhances cervicothoracic sagittal alignment assessment: are cervicothoracic sagittal parameters correlated with the occurrence of cervical spondylotic myelopathy?
- Impact of anterior controllable antedisplacement and fusion (ACAF) on cervical lordosis and sagittal alignment in OPLL: A comparative radiographic analysis
- An innovative self-stabilised 3D-printed artificial vertebral body designed for clinical application and comparison with the conventional implants
- The Influence of Cervical Ossification of the Posterior Longitudinal Ligament on Retro-odontoid Soft Tissue Thickness and Cervical Sagittal Balance
- The Neanderthal cervical spine revisited
- Laminoplasty plate design is an independent risk factor for facet joint violation
- Does Sagittal Spinal Alignment Predict Future Fall-Related Fractures in Community-Dwelling Women with Osteoporosis?

see [C2-7 Cobb Angle](#).

Although the association between [cervical spine angles](#) and whole-spine sagittal balance is controversial, cervical lordosis is thought to be a compensatory mechanism to maintain equilibrium and forward gaze of the head ¹⁾.

A loss of cervical global lordosis and lordosis at the instrumented cervical segment is documented during follow-up in patients treated by [ACDF](#) with stand-alone cages, compared with patients treated by ACDF with cages and plates, and this could be related to a higher index of [subsidence](#) ²⁾

A normal healthy [cervical spine](#) has a slight [lordosis](#) and it is anatomically important to bear the weight of head.

Loss of cervical lordosis can result in straightening of cervical spine or in severe cases it can reverse the curve. The condition is also called [cervical kyphosis](#). Loss of cervical lordosis can result in pain and stiffness in neck.

Once conservative treatment for [cervical radiculopathy](#) or both, has failed, surgical intervention is indicated. Depending on the location of the compression, the amount of axial pain, and the [cervical lordosis](#), an anterior or posterior approach is used.

It has been observed that global cervical lordosis increases as age increases. C4 vertebra is in the middle of this evaluation as it has many correlations with other cervical segments, which should be

kept in mind when making surgical plans for this delicate spine region ³⁾.

Restoration of cervical lordosis is an important factor in [anterior cervical spine surgery](#) ⁴⁾.



Correction of physiological lordosis with preservation of vertebral [alignment](#).

¹⁾

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³⁾

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