Cervical spinal stenosis

- Using Patient-Specific 3D-Printed C1-C2 Interfacet Spacers for the Treatment of Type 1 Basilar Invagination: A Clinical Case Report
- Determination of the Most Suitable Cut-Off Point of the Cervical Foraminal Cross-Sectional Area at the C5/6 Level to Predict Cervical Foraminal Bony Stenosis
- Laminectomy with fusion for cervical spondylotic myelopathy is associated with higher early morbidity and risk of perioperative complications compared with laminectomy alone: a retrospective study in the United States
- Positioning and clinical application of the inflection point of the uncinate process in anterior cervical discectomy and fusion (ACDF): a retrospective study
- Robot-assisted versus navigated spinal fusion surgery: a comparative multicenter study on transpedicular screw placement accuracy and patient outcomes
- T1 mapping of the sagittal images of the cervical cord: a potential biomarker to predict the severity of cervical spondylotic myelopathy
- C5 Nerve Palsy After Posterior Instrumentation and Decompression in Cervical Spine Surgery: A Review of the Literature
- Treatment of Cervical Spondylosis With Dysphagia Caused by Anterior Osteophytes: A Retrospective Case Series Study

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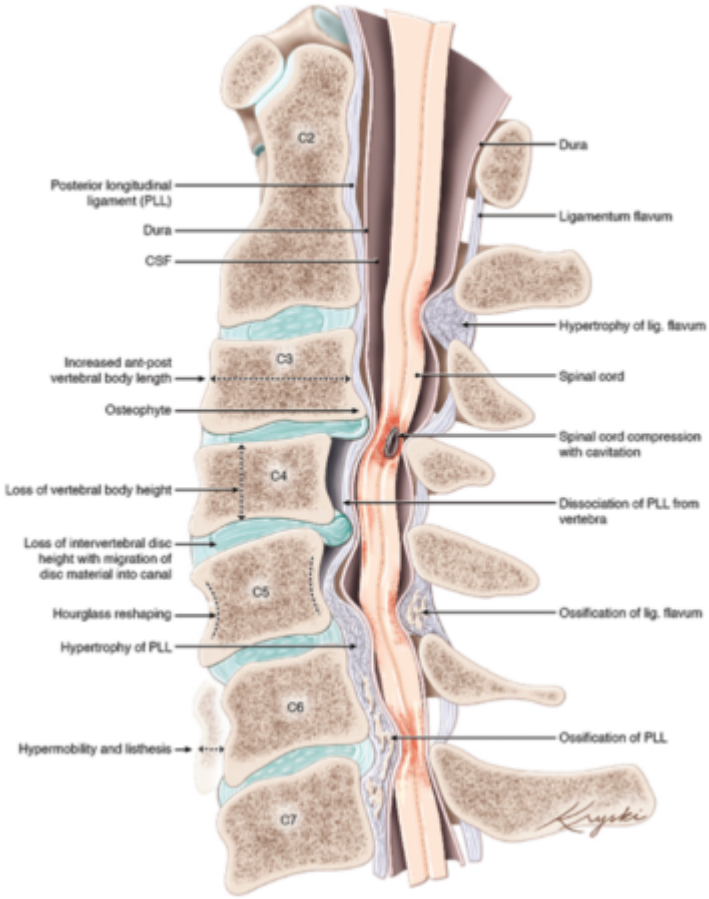

Narrowing of the spinal canal in the cervical spine.

Cervical degenerative disc disease is generally discussed in terms of cervical spondylosis, a term which is sometimes used synonymously with cervical spinal stenosis.

see also Tandem spinal stenosis

Etiology

Cervical spinal stenosis etiology.

Clinical features

Cervical spinal stenosis clinical features.

Diagnosis

Cervical spinal stenosis diagnosis.

Differential diagnosis

Transverse myelitis

Scales

see Cervical spine stenosis scales

Complications

In cervical spinal stenosis, the spinal canal narrows and can squeeze and compress the nerve roots where they leave the spinal cord, or it may compress or damage the spinal cord itself.

see Myelopathy.

Secondary syringomyelia

Treatment

Cervical spinal stenosis treatment.

Case series

Cervical spinal stenosis case series.

Case reports

A 66-year-old man presented with increasing neck and right shoulder pain for one year to Koç University Hospital. He reported a three-month history of numbness in his hands. The Japanese Orthopedic Association (JOA) and Visual Analogue Scale (VAS) scores were 15 and 8, respectively. Preoperative magnetic resonance imaging (MRI) revealed spinal canal stenosis at the C3-4 level secondary to ligamentum flavum hypertrophy. Hemi-partial laminectomy at the C3 level, flavectomy, and bilateral decompression were performed using the right unilateral approach. The patient's complaints of symptoms considerably decreased three months later. The VAS and JOA scores were 2 and 16, respectively. This minimally invasive approach can be an alternative to classic laminectomy in patients who have radiculopathy and myelopathy due to posterior origin spinal stenosis in order to safely resolve pain and neurologic dysfunction [1].

1)
Senturk S, Ünsal Ü, Çevik S, Yaman O. Hemipartial Laminectomy and Bilateral Flavectomy Technique With Unilateral Approach in Patients With Cervical Spinal Stenosis Due to Ligamentum Flavum Hypertrophy: A Technique Note. Cureus. 2021 Nov 30;13(11):e20040. doi: 10.7759/cureus.20040. PMID: 34987923; PMCID: PMC8717745.