

# Greenstick fracture technique

Posterior surgery is initially performed. Then, anterior and posterior surgeries are planned 1 week later. Using a posterior midline approach, a total laminectomy was performed from C-3 to C-6. An additional partial laminectomy (undercutting) was performed in C-2 or C-7. Then, lateral mass screws were inserted from C-3 to C-6 and laminar and pedicle screws were inserted in C-2 and C-7, respectively. At 1 week after the initial posterior surgery, anterior surgery was performed. Using a Smith Robinson approach, the C3-7 disc space was exposed. At each disc level, thinning of the OPLL mass was achieved by bur drilling following discectomy. Without attempting complete excision of the OPLL mass, an incomplete fracture was created in the shallow OPLL mass with a laminar spreader. A lordotic allograft was then inserted at each disc level to restore cervical lordosis.

On the same day, posterior rod insertion with a compression maneuver between screws was conducted to maintain cervical lordosis. After the second stage of surgery, patients were cared for in the intensive care unit for 1 day to monitor airway function and to assess whether it was compromised <sup>1)</sup>.

<sup>1)</sup>

Lee DH, Joo YS, Hwang CJ, Lee CS, Cho JH. A novel technique to correct kyphosis in cervical myelopathy due to continuous-type ossification of the posterior longitudinal ligament. J Neurosurg Spine. 2017 Mar;26(3):325-330. doi: 10.3171/2016.8.SPINE16542. PubMed PMID: 27791829.

From:

<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:

[https://neurosurgerywiki.com/wiki/doku.php?id=greenstick\\_fracture\\_technique](https://neurosurgerywiki.com/wiki/doku.php?id=greenstick_fracture_technique)

Last update: **2024/06/07 02:51**

