

# High cervical disc herniation

High [cervical disc herniation](#) (C2-C3) are extremely rare, and various approaches have been used to treat C2-C3. In the report of Türe et al. they recommend the anterolateral extradural approach as an alternative to treat C2-C3 disc herniation. A 72-year-old woman was referred with severe pain in the left side of her neck and occipital region. She had been taking high doses of analgesics but had no myelopathic symptoms. Magnetic resonance imaging of the cervical spine revealed that left paramedian, extruded C2-C3 disc material was compressing the spinal cord and the left C3 nerve root. A left-sided anterolateral extradural approach was done to remove the extruded disc material at the C2-C3 level. After resection of the transverse processes of C1 and C2, the V3 segment of the [vertebral artery](#) was mobilized posteromedially. The extruded disc material was carefully removed, and the vertebral artery was freed and repositioned. The anterolateral extradural approach to a C2-C3 disc herniation is a good alternative, especially in patients with thick or short necks <sup>1)</sup>.

<sup>1)</sup>

Türe U, Güçlü B, Naderi S. Anterolateral extradural approach for C2-C3 disc herniation: technical case report. *Neurosurg Rev.* 2008 Jan;31(1):117-21; discussion 121. Epub 2007 Sep 26. PubMed PMID: 17899233.

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Last update: **2024/06/07 02:52**

