## SCARLET

Secured Cage The screws allow stabilization of the device. The screw head is micro-threaded and has

conical shape. This feature secures the screw controlling potential risk of expulsion once locked into the cage.

Zero Profile The screw heads are completely integrated in the cage. Implantation of a zero-profile implant has shown to reduce the incidence rate of dysphagia.

Simplicity of Use The SCARLET® AC-T system combines in one implant interbody device and cervical plate. The profile of the implant allows for an anatomical fit between endplates. The SCARLET® AC-T system offers a lordotic option of 7°.

Titanium The device features a large graft window. The titanium sandblasted surfaces of the implant facilitate primary stability.

Fusion rates in Anterior cervical discectomy and fusion procedures with classical cervical cages are higher if supplemented with a cervical plate. However, the use of plates has been associated with increasedmorbidity and dysphagia. As an alternative, Fransen studied the ACDF approach using, a secured titanium cage with integrated fixation screws, which allows for "Zero Profile" segmental stabilization. He performed a retrospective analysis of prospectively collected data on a group of 32 patients which had been subjected to ACDF using the Scarlet AC-T (\*) secured titanium cage. The studied population comprised 13 males (40.6%) and 19 females (59.4%), aged between 36 and 76 years, (mean 56.5 y) and operated between October 1st 2014 and June 1st 2016. A total of 39 cages were implanted (25 in one-level surgery and 14 in two-levels). The most frequently operated levels were C5C6 (22), C6C7 (13), C4C5 (2) and C3C4 (2). All the operated patients initially presented with neck and arm pain. 17 had signs of myelopathy. The predominant diagnosed etiologies were: soft disc herniation (9 patients), disco-osteophytic compression (22) and pseudarthrosis (1). The patients were evaluated for immediate post-operative complications. After 6 months, screw loosening, device subsidence/migration and fusion were assessed by ROM measurement on dynamic lateral Xrays. He observed 2 cases of minimal subsidence, 2 mild transient dysphagias, 1 superficial infection, no screw loosening, and no migration. Bridging bone around the cage was observed in 27 levels (69.2 %). 30 levels (77,0 %) showed signs of solid fusion, 7 leve1s (4.9 %) signs of incomplete or ongoing fusion, and 2 levels (5.1 %) radiological signs of failed fusion. ACDF with the Scarlet AC-T cervical secured cage is safe. No implant failure or implant related complication could be observed. Solid or ongoing fusion was observed in 94,9 % of the operated levels after 6 months<sup>1)</sup>.

1)

Fransen P. Anterior cervical discectomy and fusion with Scarlet AC-T cervical secured cage. Safety





evaluation and 6 months radiological follow up. Acta Orthop Belg. 2019 Mar;85(1):35-39. PMID: 31023197.

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