

Clinical Outcomes and Surgical Complications in Patients with Cervical Disk Degeneration

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Abstract : Introduction: There are several surgical treatment choices for cervical spondylotic myelopathy (CSM). The aim of this study is to evaluate clinical outcomes and surgical complications in patients with cervical disk degeneration (CDD) undergoing either anterior cervical discectomy with or without fusion or cervical laminectomy and fusion. Methods: This prospective case series study included 45 consecutive patients with cervical spondylotic myelopathy between January 2010 and November 2014. There were 28 males and 17 females, with a mean age of 47 (range 37-68) years. The mean clinical follow-up was 14 months (range 3-24 months). The Neck Disability Index (NDI), visual analog scale (VAS) neck and arm pain, Short Form-36 (SF-36) were used as the functional outcome measurements. All of the complications in our patients were recorded. Results: In our study group, 26 patients underwent only one or two level anterior cervical discectomy. Ten patients underwent anterior cervical discectomy and fusion (ACDF) and nine cases underwent posterior laminectomy and fusion. We have found a statistically significant improvement between mean preoperative (29, range 19-43) and postoperative (7, range 0-12) NDI scores following surgery ($P < 0.05$). Also, there was a statistically significant difference between pre and post-operative VAS and SF-36 score ($p < 0.05$). There was a 7% overall complication rate ($n = 3$). The only complication in our patients was surgical site cellulitis which has been managed with oral antibiotic therapy. Conclusion: Both anterior cervical discectomy with or without fusion or posterior laminectomy and fusion are safe and efficacious treatment options for the management of CSM. The clinical outcomes seem to be fairly reproducible.

Keywords : cervical, myelopathy, discectomy, fusion, laminectomy

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