



Anterior cervical corpectomy and fusion (ACCF): When should complementary fixation be performed?

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Disclosures



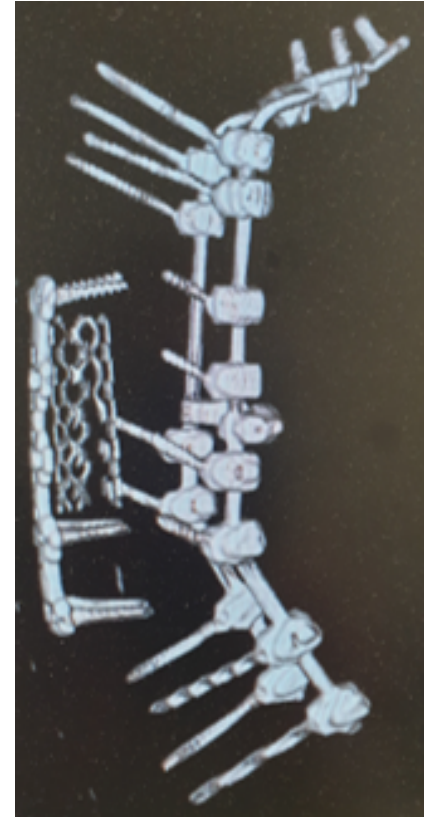
- Nothing to disclose

Introduction & Background

- Anterior cervical corpectomy and fusion (ACCF) is a treatment option for several cervical pathologies
- Various graft materials such as autograft, titanium mesh cages (TMC), or poly-ether-ether-ketone (PEEK) cages are used
- Additional posterior fixation (PF) for extra support and stability is sometimes performed initially or later as a supplementary treatment

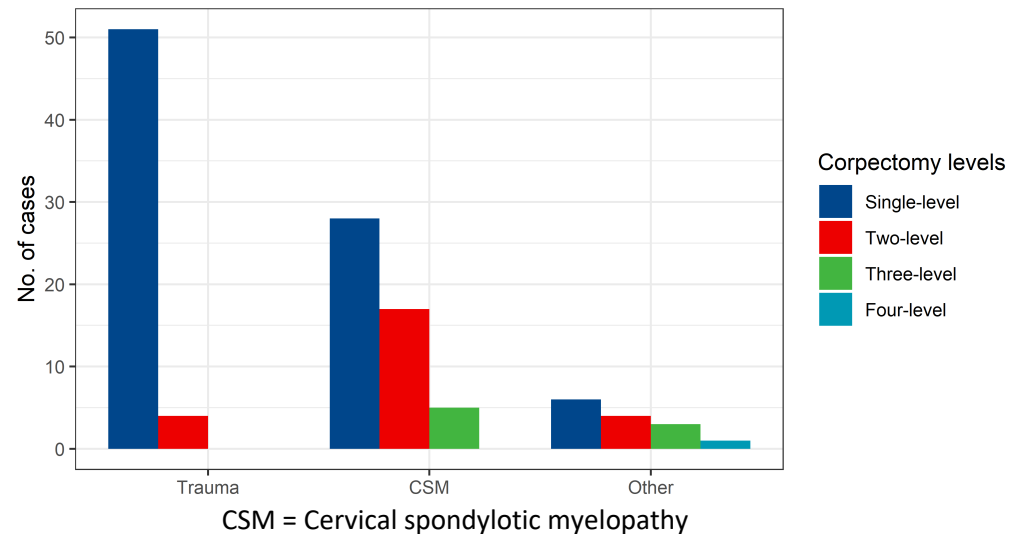
Aim:

When should complementary posterior fixation be performed?



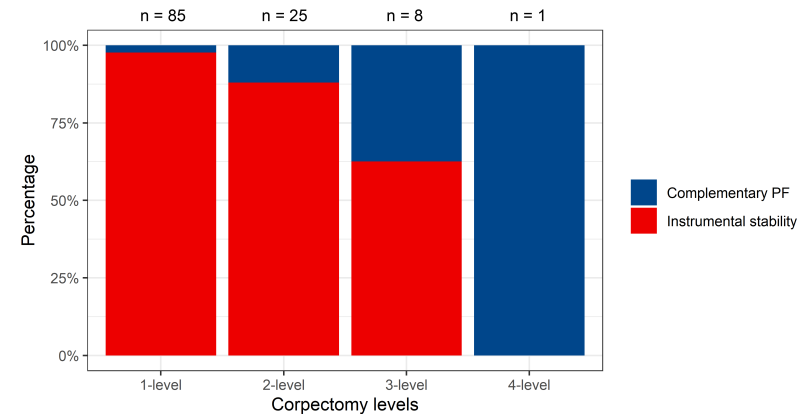
Materials and Methods

- Retrospective clinical and radiological assessment
- 119 adult patients included
- Single-level ACCF (n=85)
- 2-level ACCF (n=25)
- 3-level ACCF (n=8)
- 4-level ACCF (n=1)



Results

- No PF in 98 % of single- level ACCF
- PF only in 8 % of all cases
- Synthetic grafts were used in 116 (97%) cases. No graft-related complications were observed
- PF was performed in 2% of CSM, 43% of infectious and neoplastic processes and 7% of the trauma cases



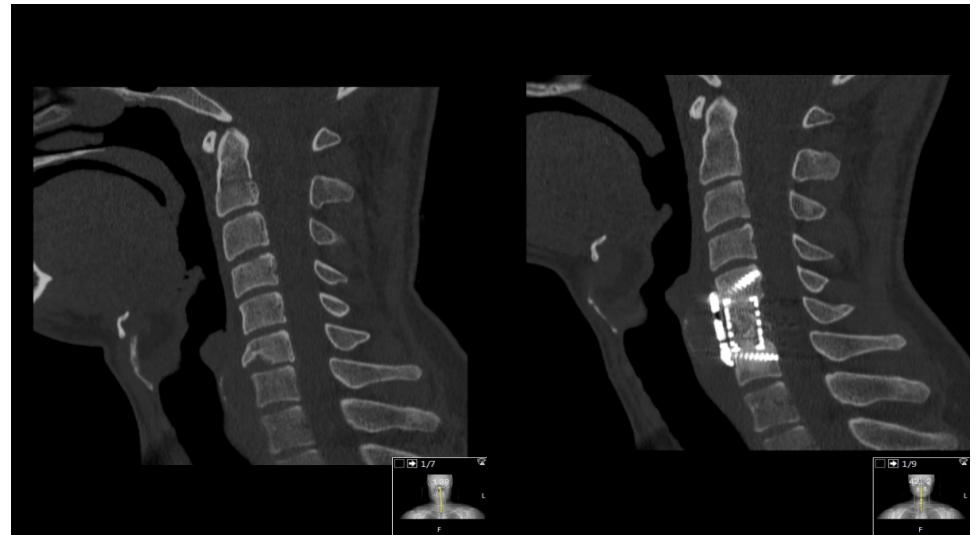
There was a statistically significant difference in revision rate with PF for single-level compared to multilevel ACCFs (P = .001)

Conclusion/discussion

Single-level ACCF is a safe and effective treatment for degenerative and traumatic cervical spine disorders and can be performed without additional PF.

Consider PF in:

- Multi-level (>2) ACCF
- Pathologies affecting bone quality



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