

CSRS-Euro 2023 submitting abstract for the meeting

Title: 10 years after surgery for DISH with dysphagia

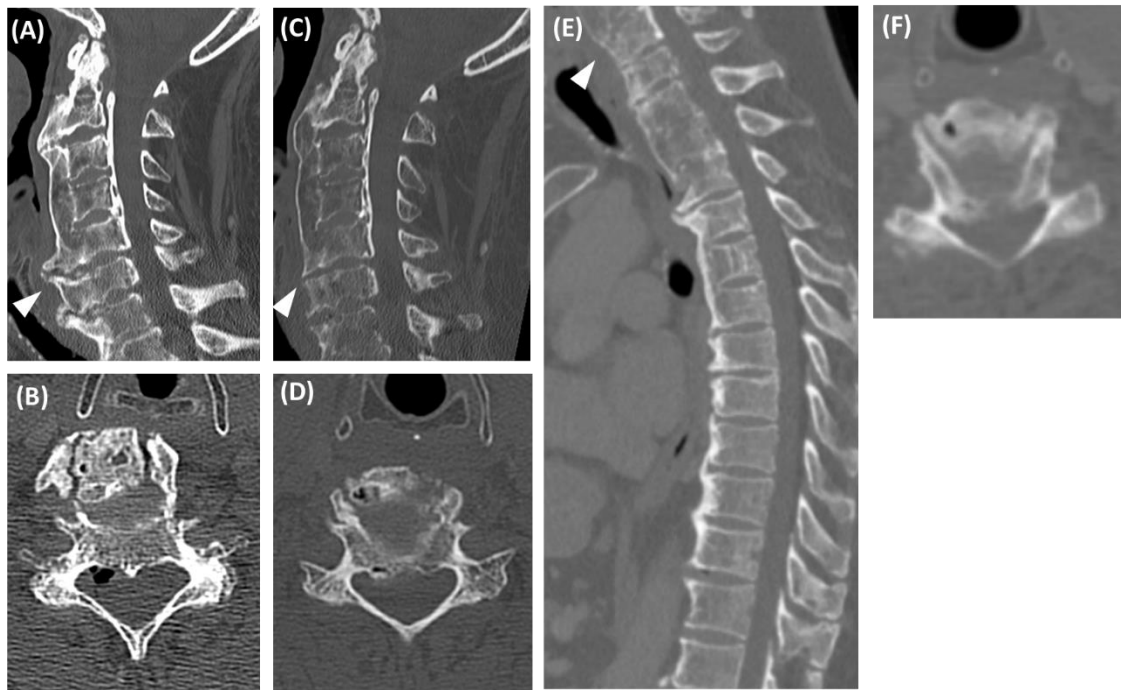
Background and Research question: Diffuse idiopathic skeletal hyperostosis (DISH) in the cervical spine is a common entity but rarely causes dysphagia, dyspnea, and dysphonia. A DISH case which causes such symptoms sometimes undergoes anterior osteotomy without fusion via anterior cervical approach in order to relief of dysphagia. But the long-term postoperative courses are unknown well. We report one of the cases.

Design : Case report

Methods and Result: A 59-year-old male patient had a complaint of progressive difficulty swallowing for a few months. A cervical X-ray and computerized tomography (CT) scan were taken afterward, which showed DISH at the C2-7 level. He then had esophageal endoscopy and swallowing video fluorography to rule out other dysphagia-related disorders. The patient underwent anterior osteotomy without fusion via anterior cervical approach with significant relief of dysphagia postoperatively. Two years after surgery, there was a mild feeling of snagging, but no recurrence of difficulty swallowing was observed. CT scan showed no recurrence of ossification growing. After that, there were no visits to our hospital. Ten years later, CT scans taken at the time of consultation at other departments did not show an increase in osteophytes. It was also confirmed that food intake could be performed without complaints of difficulty swallowing.

Discussion: Dynamic factors are thought to be one of cause of ligament ossification, but it has been shown that the progression of increased ossification can be stopped without fusion surgery by removing the front line of ossification.

Figure



CT images of DISH.

(A) Reconstruction CT of sagittal view of preoperative cervical spine, (B) CT of axial view of preoperative cervical spine at the level of C5/6 (arrowhead), (C) Reconstruction CT of sagittal view of postoperative cervical spine 2 years later, (D) CT of axial view of postoperative cervical spine at the level of C5/6 2 years later (arrowhead), (E) Reconstruction CT of sagittal view of postoperative cervicothoracic spine 10 years later, (F) CT of axial view of postoperative cervical spine at the level of C5/6 10 years later (arrowhead).