ACDF with cervical uncinectomy for cervical radiculopathy with foraminal stenosis

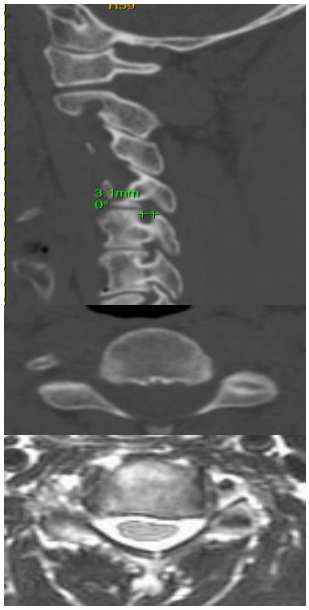
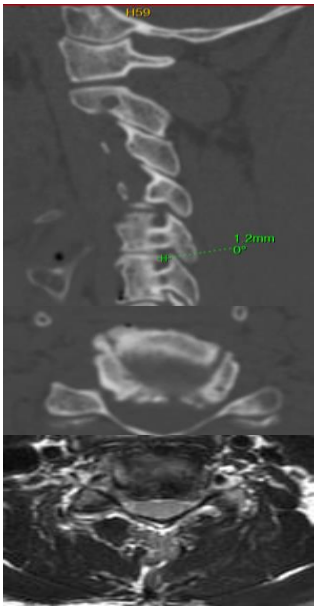
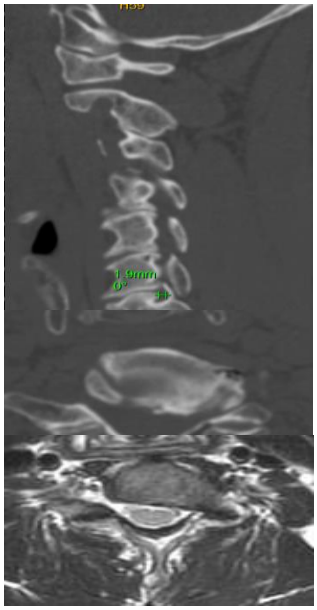
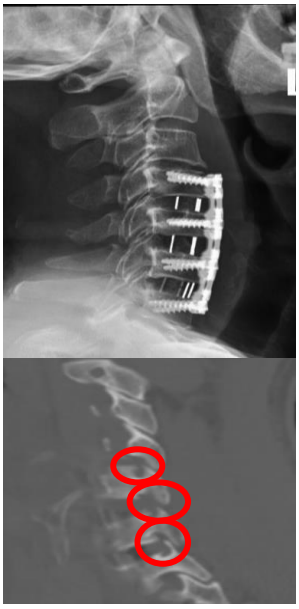
Objective: This study aims to describe the technique for ACDF with incomplete or complete uncinectomy for the management of cervical radiculopathy due to foraminal stenosis.

Methods: We retrospectively collected clinical and radiological data from June 2018 to June 2021. A total of 20 patients (30 segments) were included. In total, 30 disc levels were investigated. The mean follow-up duration was 6.1 months(range: 4.5-19.2 months). The neck disability index (NDI) and Visual Analog Scale scores(VAS) for neck pain before surgery and at final follow-up were used to evaluate the clinical results. The occurrence of surgical complications, surgical time, and blood loss volume were also investigated.

Results: The mean VAS scores before surgery and at final follow-up were 6.6, 1.5, respectively. The mean NDI before surgery was 0.38 and 0.08 at the final follow-up. The scores decreased significantly at the final follow-up ($p<0.01$). The mean surgical time and the mean blood loss volume were 125 mins and 10 ml, respectively. There were significant improvements at final follow-up. All of patients were decompressed completely, and had a good to excellent outcome.

Conclusions: The results in the present study were consistent with previous reports of ACDF with uncinectomy for cervical foraminotomy, especially when severe osseous foraminal stenosis accompanies other pathologies that require an anterior approach to the cervical spine. Despite completely decompressed the nerve due to bony foraminal

stenosis, this technique did well in the short-term, although longer-term follow-up is required.

Pre-OP L C4/5 L C5/6 L C6/7 Post-OP