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Surgical outcomes and complications of reconstructive surgery for cervical myelopathy with kyphotic deformity

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Introduction: Posterior decompression alone is considered to be insufficient for the cervical spondylotic myelopathy (CSM) with kyphotic deformity. In such cases, decompressive and fusion surgery (anterior, posterior and antero-posterior combined) are used. In this study, surgical outcomes and complications of those surgeries were investigated.

Materials and Methods: Fifty-three CSM patients with kyphotic deformity who underwent reconstructive surgery and was followed-up more than 1 year, were enrolled in this study. There were 26 men and 27 women and their mean age was 63.9. Anterior surgery was done in 15 patients, posterior fusion surgery in 15 and antero-posterior combined surgery in 23.

Results: Average 3.6 levels were fixed. Mean surgical time and blood loss were 285 minutes and 248 ml respectively. JOA score was 10.0 preoperatively and 12.8 postoperatively, and improvement rate was 44.5%. Local alignment was 24.2 degrees kyphotic preoperatively, 0.4 lordotic after surgery and 2.6 kyphotic at final follow-up. C5 palsy was seen in 9 patients (17%). Two cases were accompanied by vertebral injury. Dysphagia was seen in 4 cases postoperatively

Conclusion: Reconstructive surgery could provide moderately good surgical results for cervical myelopathy with kyphosis. However, the rate of severe complications and supplemental surgery were high. Preoperatively we should carefully choose surgical procedure and explain the patients in detail, including complications.