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Anterior cervical osteotomy: clinical and radiographic analysis of a cohort of kyphotic deformities patients – 10 years experience of a single center study

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Background: Rigid Cervical Kyphotic Deformity Is A Challenging Treatment. Adjunctive Use Of Anterior Cervical Osteotomies Can Improve Sagittal Alignment And Decrease Bleeding And Complications

Research Question: Could Anterior Osteotomy Help In Alignment Corretion And Decrease Transfusion And Neurological And Clinical Complications?

Study Design: Retrospective Clinical Cohort Study.

Methods: Cohort Of 7 Patients With Average Age Of 26,5 Years (11-64) Were Analysed Between 2014-2023 For: Number Of Anterior Cervical Osteotomies, Cervical Kyphotic Correction, C-Sva, C2 Slope, T1 Slope, Neurological Function (Mjoa), Transfusion And Complications.

Results: Average Of 63 Months Of F/U, 15 Level Of Osteotomies, Na Average Of 2 Level Per Patient (1-4), Average Operative: 8h 51min (Anterior +Posterior Approaches) Only 2 Patients Received Blood Transfusion, Preop. C-Sva (42,3-77mm), Postoperative C-Sva (0,4-37mm), Kyphosis Pre Op. Average 55,1°(19,5-111,8°), Kyphosis Post Op. 15,05°(2- 34° C2 Slope Pre Op. 32,25° (10-47,9°), C2 Slope Post Op. 14° (4,6-23,4°), T1s Pre Op. 23° (0-50,2°), T1s Post Op 17,15° (1,8-40,8°). Regarding To Neurological Function All Patients Recovery (Mjoa Pre Op. 13 To Mjoa Post Op 16,14) Two Patients Had Durotomies And Were Treated Conservatively.

Discussion: Anterior Osteotomies Proved To Be Effective In Correcting Kyphotic Deformiy In Combination W/ Psf, Reducing Blood Tranfusion And Providing Neurological Improvement.