eP-46

Is there a difference in patient experience related to plate to disc distance after anterior cervical discectomy and fusion for fracture dislocations.

Joyita Barua[1], Mariana Otero[2], Purnajyoti Banerjee[1]

[1]*Barts Health NHS Trust, London, United Kingdom*

[2]*Queen Mary University of London, Barts and The London School of Medicine and Dentistry, London, United Kingdom*

Background: It is currently unclear if adjacent level disc degeneration after anterior cervical discectomy and fusion (ACDF) with reduced plate to disc distance (PDD) in fracture dislocations results in poor patient function.

Research question: We aim to assess the impact of PDD in patients with traumatic fracture dislocation on the quality of life of the patients within 5 years of surgery.

Method: Patients were interviewed using the Neck Disability Index (NDI) to compare the impact of neck pain before and after surgery on their quality of life along with numeric rating scale (NRS) of current pain score.

Results: Thirty patients were interviewed. Patients with PDD <5mm on only one adjacent disc were in Group A. Patients with PDD <5mm on both adjacent discs were in Group B. None of the patients interviewed had a PDD >5mm on both adjacent discs. The mean age for both groups were 47 years. No significant difference was found in NDI scores between Group A and B (36.4 vs 29.33; p=0.40). There was also no significant difference in NRS between the two groups (3.87 vs 3.33; p=0.33).

Discussion: No significant difference in patient quality of life was found between patients that had one adjacent disc <5mm away from the plate or two adjacent discs <5mm away from the plate.