

Cervical Myelopathy

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Overview

- Typically seen in somewhat older age groups, multiple discs can bulge and/or herniate, and ligaments can buckle into the spinal cord (Figure 1) resulting in a condition known as **cervical myelopathy** (pinching of not only the nerves, but the **spinal cord** itself). Damage to the spinal cord may result in permanent injury that even surgery may not be able to reverse.

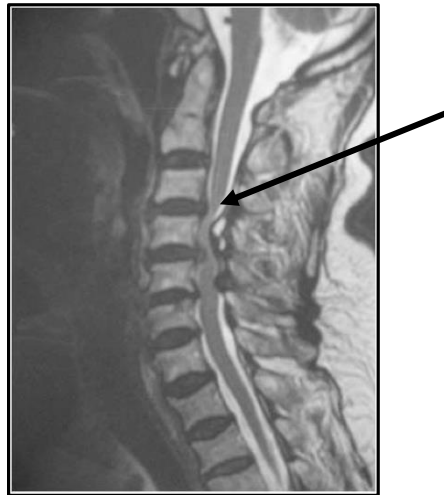


Figure 1
Spinal cord compression

What are the symptoms of cervical myelopathy?

Symptoms vary from person to person but may include:

- Awkward or stumbling gait
- Difficulty with fine motor skills in the hands
- Tingling or "shock" type feelings down the torso or into the legs
- Arm pain
- Numbness in the arms or hands
- Arm or leg weakness

What causes cervical myelopathy?

- Cervical myelopathy most commonly results from age-related "**wear and tear**," typically affecting people greater than the age of 50. It is also seen, however, in younger patients with an abnormally small spinal canal, a large cervical disc herniation or unstable/misaligned bones in the neck.

How is cervical myelopathy diagnosed?

- The symptoms of cervical myelopathy **may resemble other disorders** such as peripheral neuropathy, ALS, or multiple sclerosis, so confirming the diagnosis is of paramount importance prior to formulating a treatment plan.
- The first step in diagnosis is always to take a complete history and administer a thorough physical examination. Most commonly, an **MRI** is ordered which readily identifies the presence, and extent, of any spinal cord compression. Additional studies, such as X-rays, a CT scan or EMG/Nerve conduction studies (NCS) may be performed as well.

What are the treatment options?

- As opposed to the majority of spinal conditions where non-operative management is the mainstay of treatment, **surgery is usually the rule for cervical myelopathy**. As symptoms related to cervical myelopathy are often irreversible, surgery is often recommended to prevent any further permanent damage to the spinal cord.
- Factors such as patient age, how long the problem has persisted, other medical problems, previous neck operations, and expected outcome are considered in planning surgery. Dr. Lemma will recommend the procedure best suited to your specific situation.
- Surgical options may include:
 - Cervical laminectomy and fusion
 - Anterior Cervical Discectomy and Fusion (ACDF)
 - Cervical corpectomy
 - Cervical laminoplasty