

Complex Spine Symposium – Cervical Spine – Balgrist University Hospital

Case Discussion

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UniversityHospital
Zurich



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Elective consult

32-year-old female, right-handed nanny.

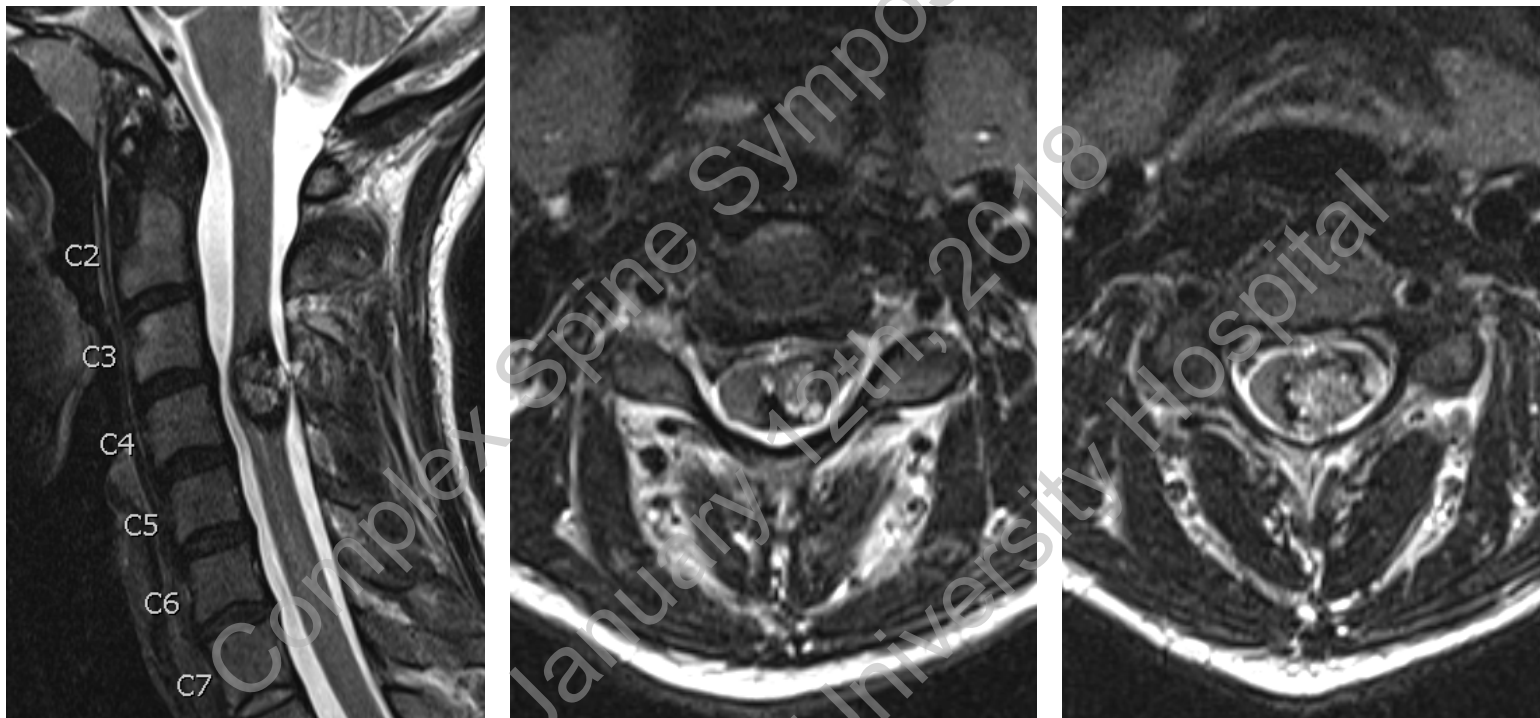
Admitted because of thoracolumbar pain after winter sports accident. Intermittent neck and radiating left arm pain. Slight subjective weakness of the left arm. Thoracolumbar pain improved with physiotherapy. Full, functioning, working.

Neuro exam:

Slight weakness of the upper left limb (M4+/5), slight numbness of left upper extremity, generalized hyperreflexia left side, no significant gait disturbance.

Medication: Tylenol, Muscle relaxants

Imaging



Discussion...

- Comments?
- Who would consider conservative management? Why?
- Who would consider surgery? Why?
- Surgical approach?

Literature

J Neurosurg Spine 21:662–676, 2014
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Surgical outcomes and natural history of intramedullary spinal cord cavernous malformations: a single-center series and meta-analysis of individual patient data

Clinical article

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The current management of spinal cord cavernoma

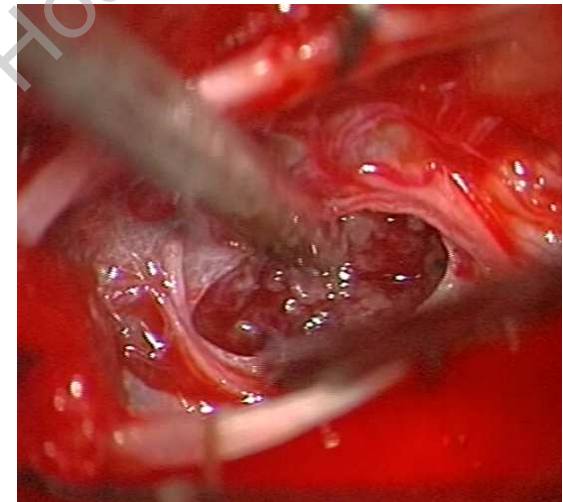
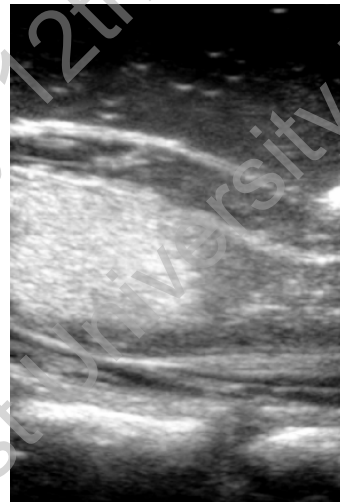
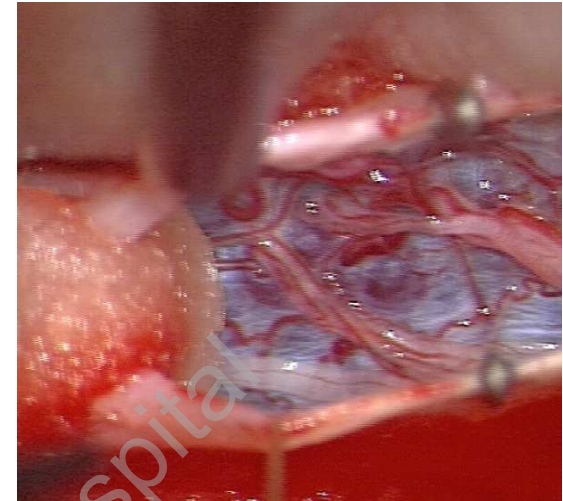
Julia VELZ^{1,2}, Oliver BOZINOV^{1,2}, Johannes SARNTHEIN^{1,2}, Luca REGLI^{1,2}, David BELLUT^{1,2} ✉

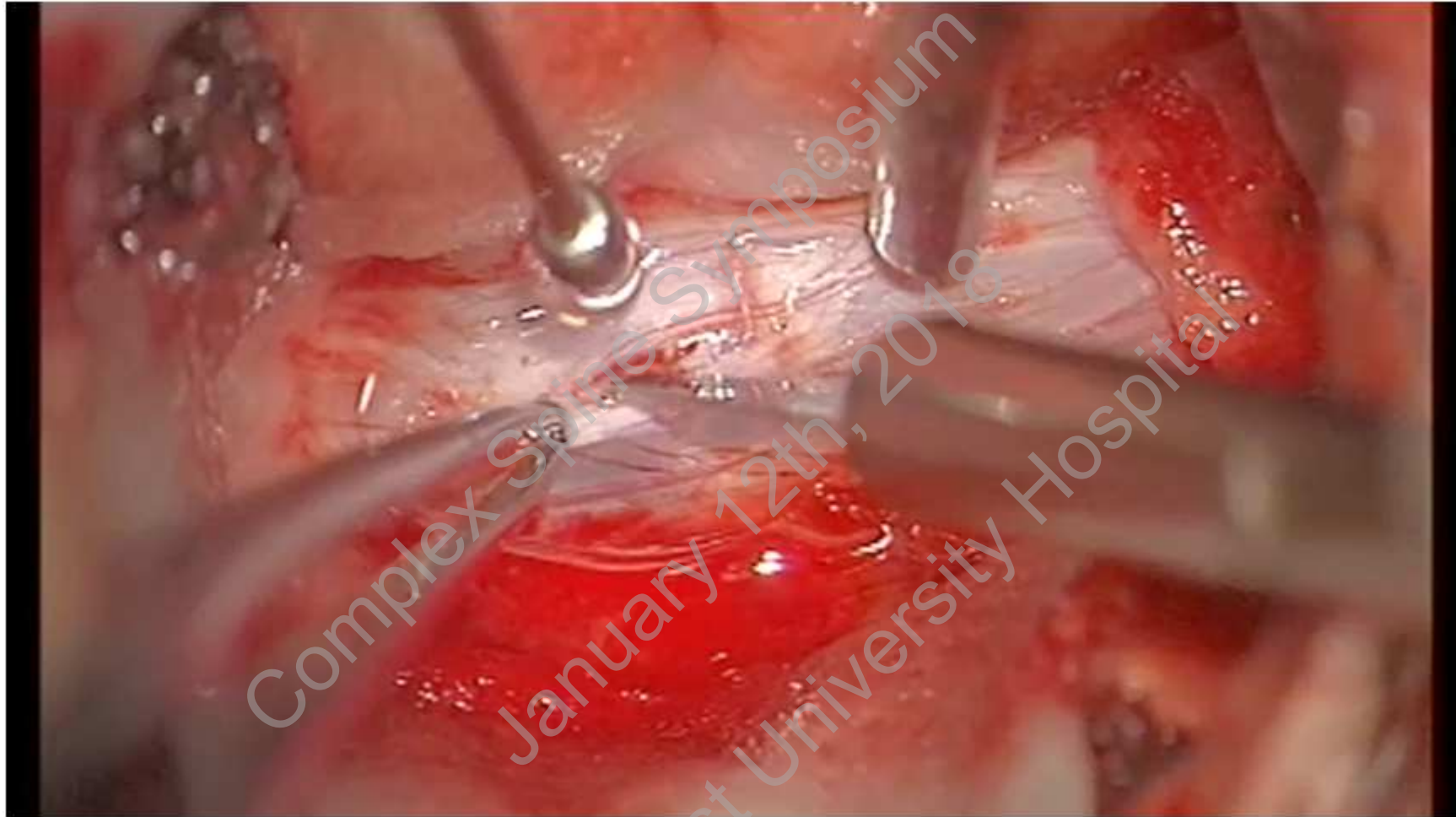
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- 634 Patients / 24 own series
 - Spinal CM tend to be clinically progressive
 - Overall annual haemorrhage rate 2.1%
 - Acute course associated with better outcome
 - Findings favours surgical management in symptomatic patients
-
- 535 Patients / 29 own series
 - Surgical treatment for symptomatic patients is safe and associated with good long-term outcome
 - Conservative treatment for old patients with mild symptoms

Surgical treatment

- Localization with fluroscopy
- Left sided, unilateral laminectomy C3 and C4
- Neuromonitoring MEPs, SEPs
- Ultrasound-assisted, microsurgical resection





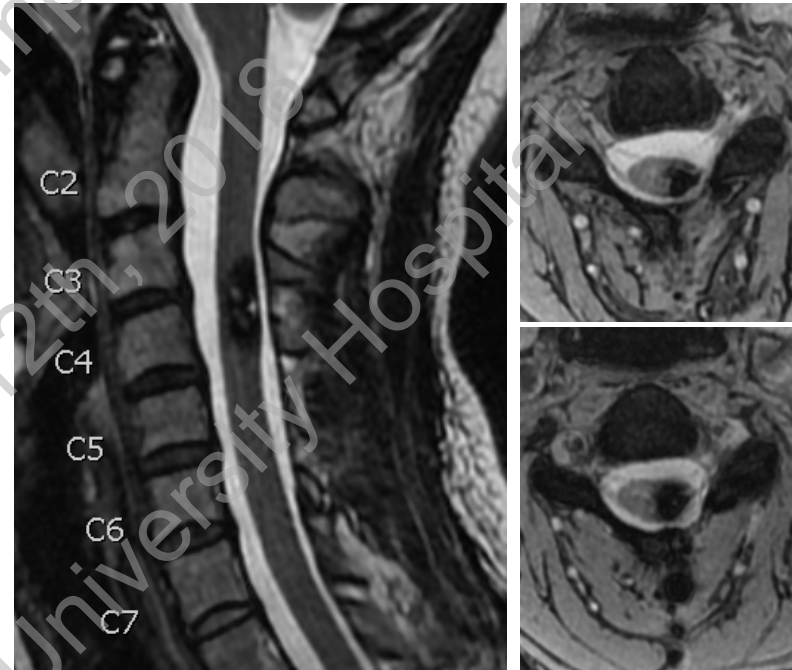
Follow Up 3 months

Patient satisfied with surgical outcome.

Neuro exam:

No weakness, slight numbness of the left hand and slight ataxia walking - improving.

Medication: none



Elective consult – Dialysis unit

57-years-old female, right-handed lady on disability.

Patient suffering from neck and upper back pain for 8 weeks. Progressive gait ataxia. Slight numbness both hands.

PMH: Dialysis (starting 2011), depression, chronic pancreatitis, severe osteoporosis, pulmonary emphysema, non specific eating disorder (28kg/1.55m -> BMI 11.66), secondary adrenal insufficiency

Neuro exam:

Patient GCS 15, slight weakness intrinsic hand muscles, numbness both hands, subjective gait ataxia, no tendency to fall. Neck/back pain.

Imaging



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Thank you very much
for your attention



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