

**Case Review:**  
Subadjacent Cervical Disc  
Herniation, treated with an  
Anterior Cervical Disectomy

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# Patient History

- Status post anterior cervical discectomy and fusion on 2/16/2005 from C4- C5 and C5-C6.
- Increasing neck pain at the base of the neck.
- MRI today shows a disc herniation with degenerative disc at C6-C7, this is causing effacement of the cord. There is no motor or sensory deficits, no neurological deficits, no focal motor or neuron signs.

# Pre-op X-rays



# Indications for Surgery

- Subadjacent degeneration and disk herniation, C6-C7.
- Status post anterior cervical diskectomy and fusion on C4 to C6.
- Now with failed conservative therapy.
- Axial neck and bilateral shoulder pain.
- Multiple co-morbidities

# Surgical Strategy

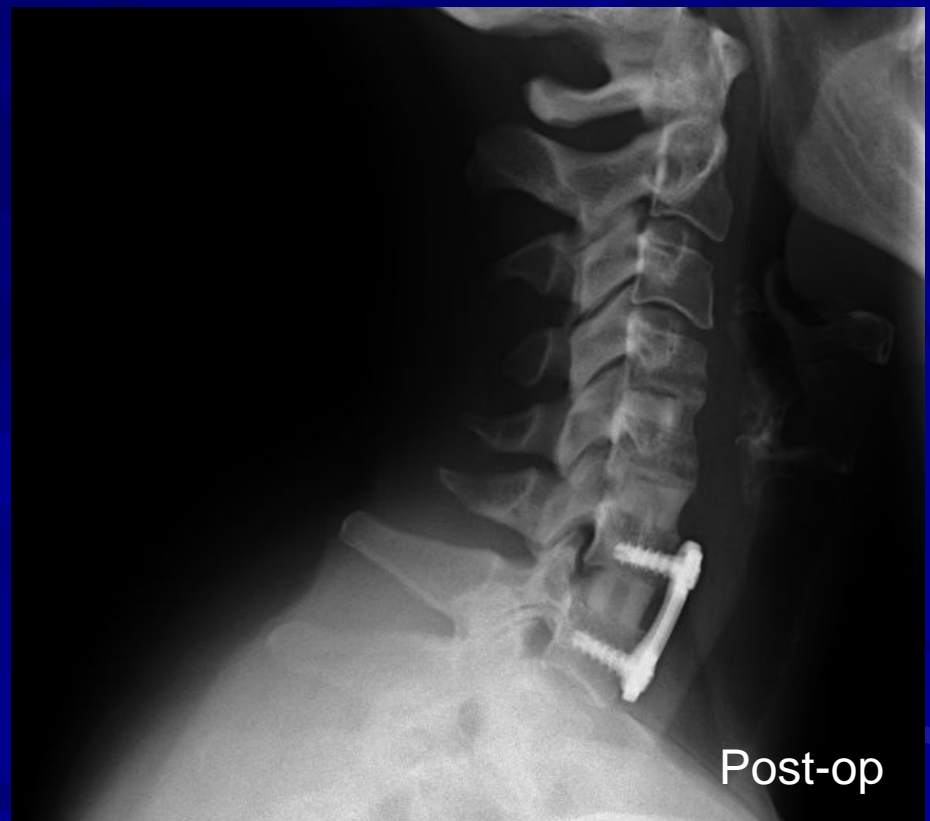
- Radical anterior cervical discectomy with epidural decompression under the microscope and spinal cord decompression at C6-C7.
- Anterior interbody fusion with Cornerstone allograft/autograft combination 8-mm plank to graft C6-C7.
- Anterior cervical plate fixation, 4-hole Atlantis Vision plate, C6- C7.
- Removal of retained hardware plates, C4 to C6.
- Intraoperative SSEPs.
- Intraoperative fluoro.

# Post-Op Films



Findings at Surgery:  
Severe degeneration of C6-C7. There was uncovertebral loss and cord compression with posterior longitudinal ligament buckling. The bone was good quality. The plate was intact. There was no loosening of the screws. The fusion was solid.

# Pre-Op/Post-op Comparison



Patient is doing well post-surgery. Instrumentation looks good.