

# Discectomy and fusion C4-C6 with cages and dynamic anterior plate

## SYMPTOMS

A 64-year-old male patient presented to the hospital with pain in the back of the neck (radiation to the shoulders and elbows), as well as intermittent pain in the right hand (radiation to the fingers). This has been present for years and has increased recently. Occasionally the patient also experienced numbness in connection with worsening of fine motor skills, especially when writing.

## DIAGNOSIS

The clinical-neurological examination demonstrated limitation of movement and the chin-sternum distance was three fingerbreadths. With the arm bent, strength in the right hand was decreased, Janda muscle strength test 4/5. The patient also had hypesthesia in the C6 dermatome. The diagnostic measures performed (MRI, CT and X-ray) demonstrated moderate spondylosis and osteochondrosis of C4/5 and C5/6 with Modic type 1 sign as well as spinal canal stenosis and bilateral foraminal stenoses (slightly more pronounced on the right). Conservative treatment measures (local infiltrations, pain medication and physiotherapy) did not demonstrate any lasting success. Therefore it was decided to perform a discectomy of C4/5 and C5/6, decompression of the spinal canal and bilateral foraminotomy and subsequent fusion using cages and a dynamic plate.

## THERAPY

After an approximately 4 cm long oblique skin incision was made on the right, the subcutaneous tissue was dissected and the platysma was visualized. The platysma was divided longitudinally.

After blunt dissection on the prevertebral cervical fascia and slight shifting of the areas of attachment of the longus colli muscles, a surgical retractor system was inserted. Then the vertebral body expandable screws were introduced in C4 and C5. Following microsurgical discectomy and beveling of the dorsal spondylophytes with the diamond burr, the spinal canal was decompressed. The ablation of the posterior longitudinal ligament as well as of the uncovertebral osteoarthritis (bilateral narrowing of the foramina) was then performed. Subsequent cage implantation in the expanded intervertebral space. Analogous procedure at the level of C5/6. The subsequent fixation was performed using a modular dynamic titanium plate and self-drilling monocortical screws.

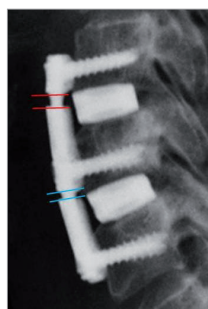
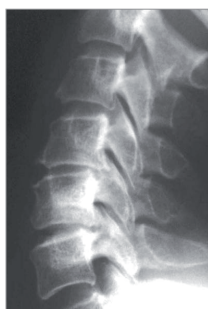


"We used the dynamic mambo™ plate from ulrich medical® for the indication described. The individual components (modules) of the plate can slide into one another. This ensures that the spacer (cage) is continuously under pressure and fuses more quickly. The sliding mechanism also allows optimal screw positioning."

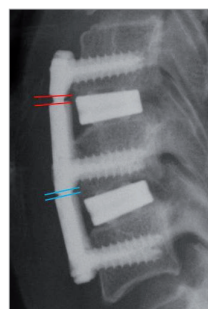
**Prof. Dr. med. Christian Woiciechowsky**  
Director of the International Spinal Center, Berlin



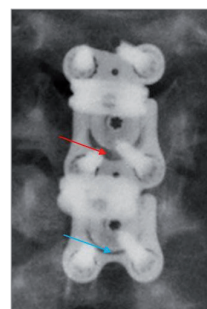
Preoperatively. Spinal canal stenosis with osteochondrosis, retrospondylosis and uncovertebral osteoarthritis.



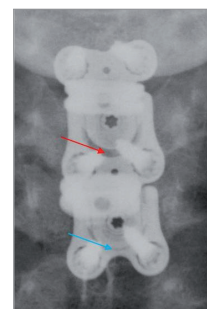
1 week postoperatively, wide gaps



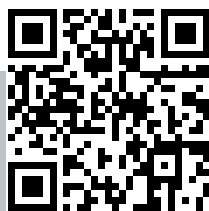
3 months postoperatively; settling can be seen



1 week postoperatively, wide gaps



3 months postoperatively; settling can be seen



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