

# Overcoming Cervical Myelopathy: From Wheelchair to Walking again!

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**Disclosure:**

. **None**

. **CT**, a 61yo male with PMH of DM and morbid obesity (BMI of 51).

**Social hx:** working for an interstate truck driving company and was heavily involved in construction, managing his business.

**HPI:** Earlier this year, he began experiencing pain in his right hip and weakness in his right leg. His PCP initially suspected hip problems and was referred to pain specialist who administered injections without relief.

- . Subsequently, he started experiencing new pain and weakness in his hands, particularly in his right hand, which is his dominant side.
- . His PCP initially suspected CTS and referred him to a hand surgeon. However, an EMG revealed central stenosis.
- . Finally, after 6 months of the initial presentation, he was referred to a spine surgeon with myelopathy symptoms.
- . MRI of the cervical spine was performed in August, which revealed severe cervical spinal stenosis with myelomalacia.



. Since August, the patient's **weakness** has progressively worsened in both arms, particularly on the right side, and he has experienced a significant loss of handgrip strength. His right leg has also progressively weakened to the point where he now relies on a **walker**, as he feels his leg gives out and he experiences imbalance. He reports a feeling of heaviness and spasticity in his legs, with his right leg dragging. His instability has worsened to the extent that he has been using his mother's **wheelchair**, as he can no longer walk long distances.

O/E:

Marked decrease in RUE & RLE strength 3+/5

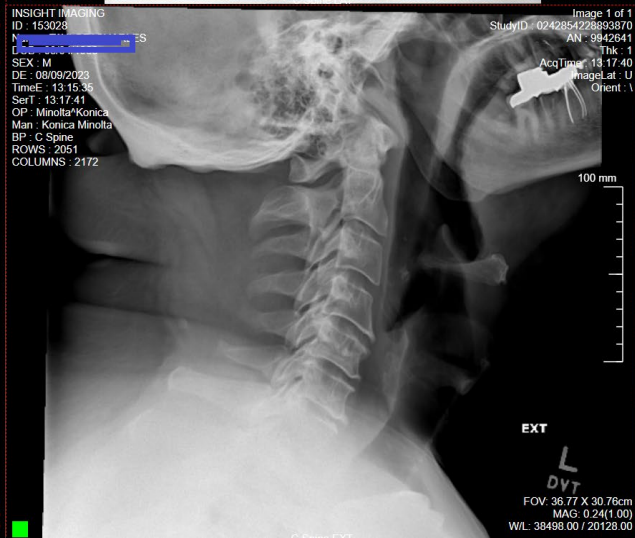
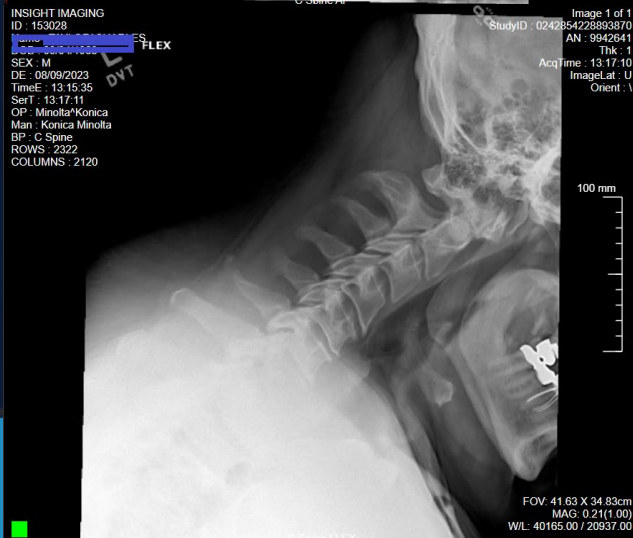
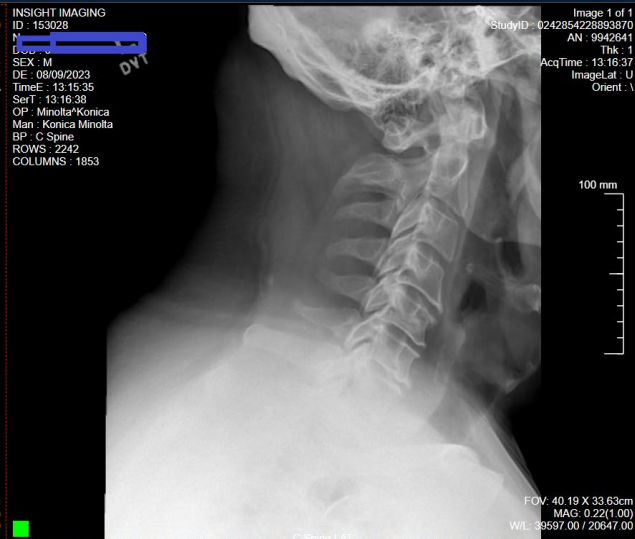
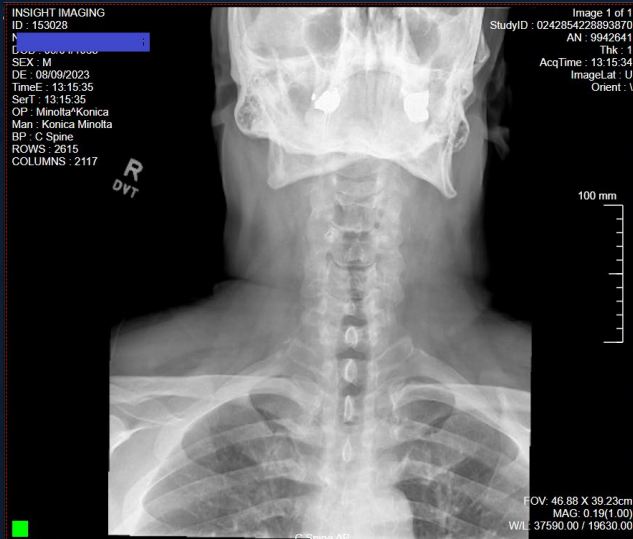
Lhermitte sign -ve.

Babinski sign +ve

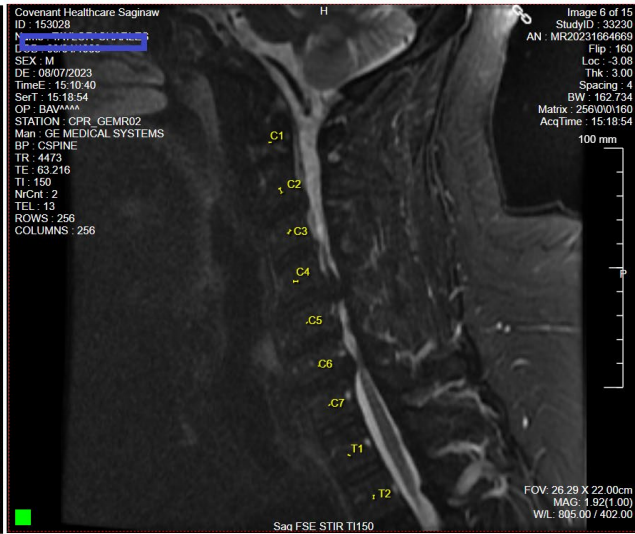
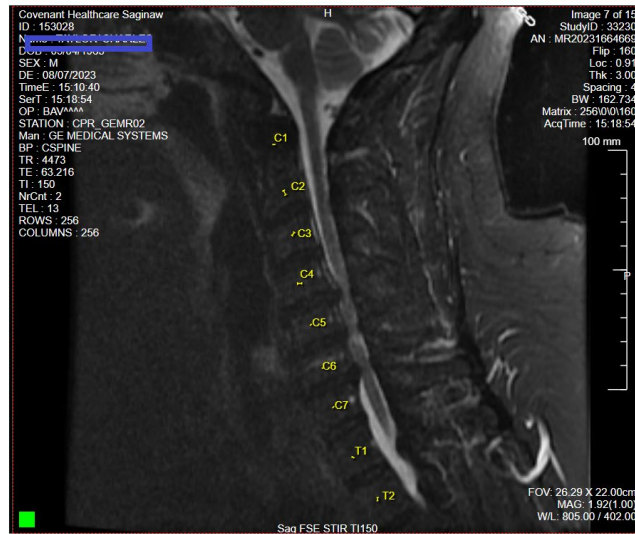
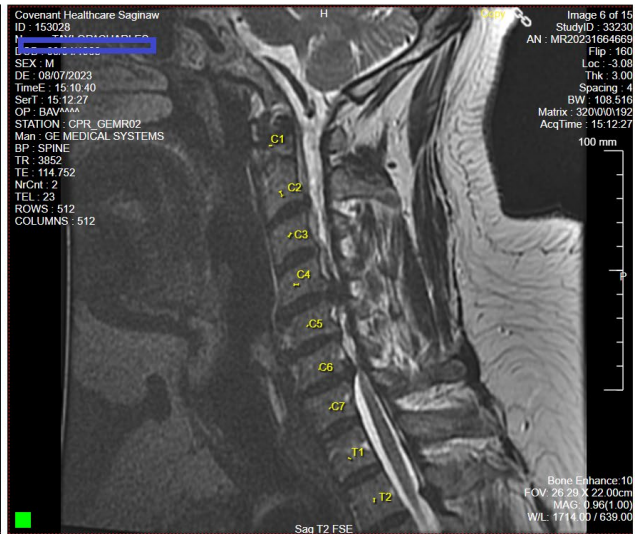
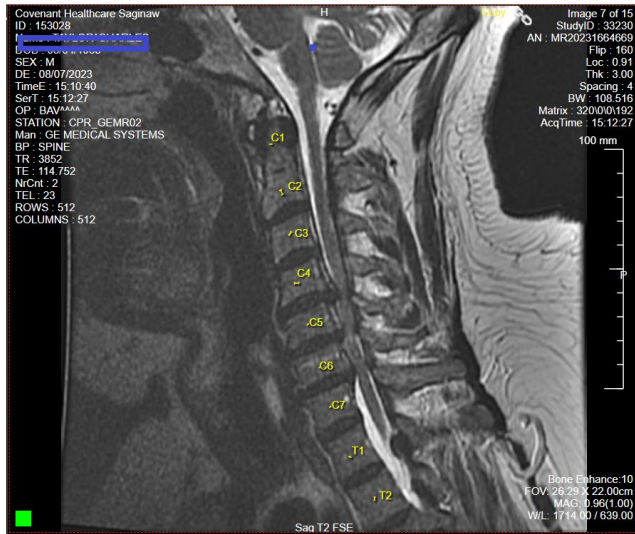
Hoffman's sign +ve

Unsteady gait, walker dependent with significant spasticity and clonus in both legs on the right than the left.

# Pre Op Dynamic X-rays

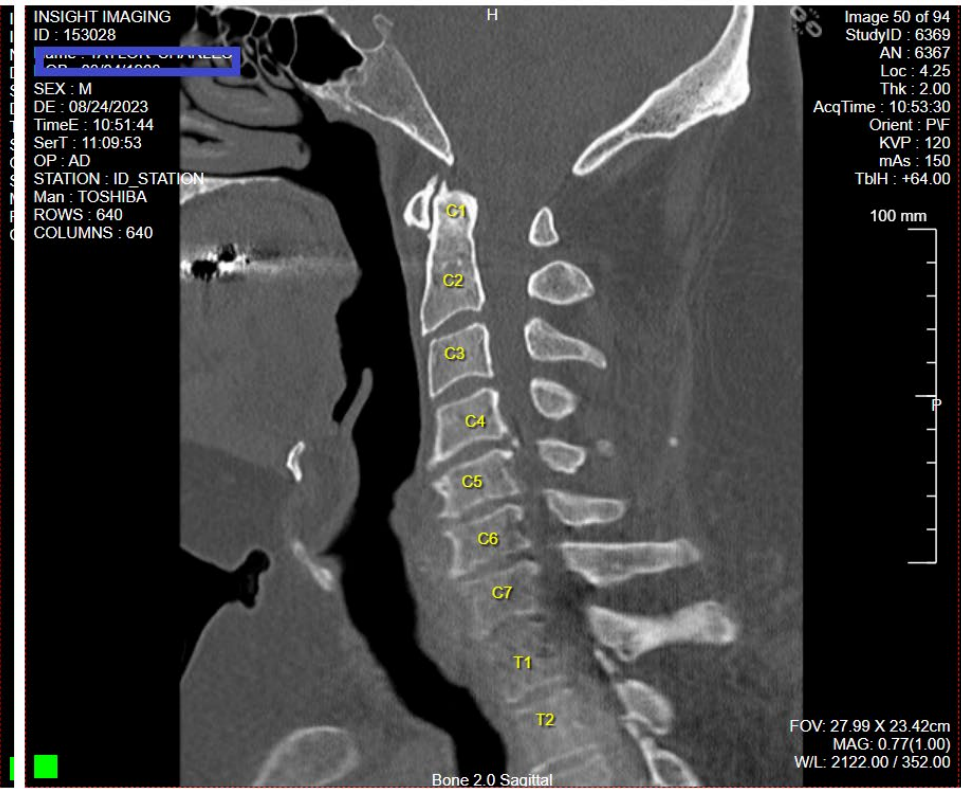
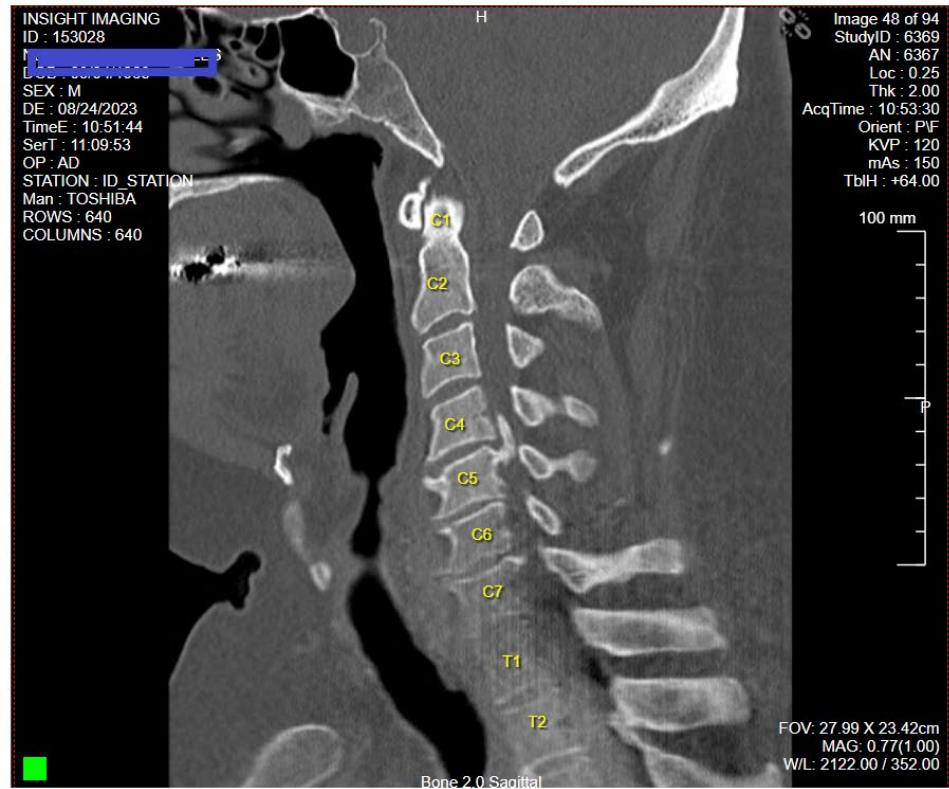


# Pre Op MRI

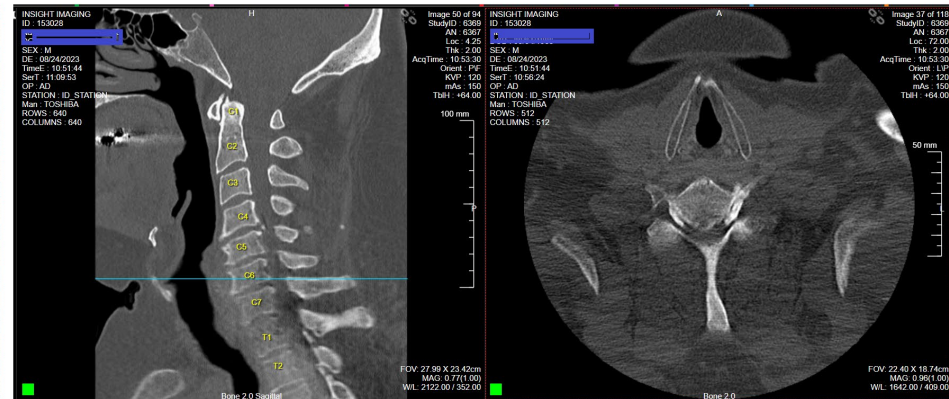
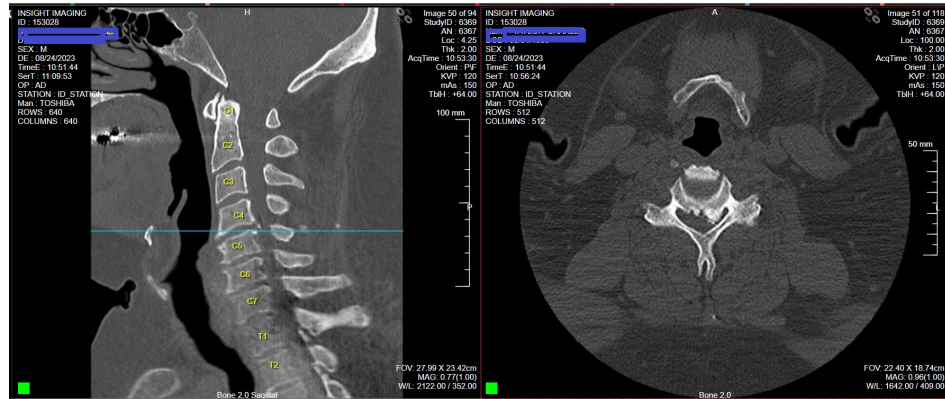
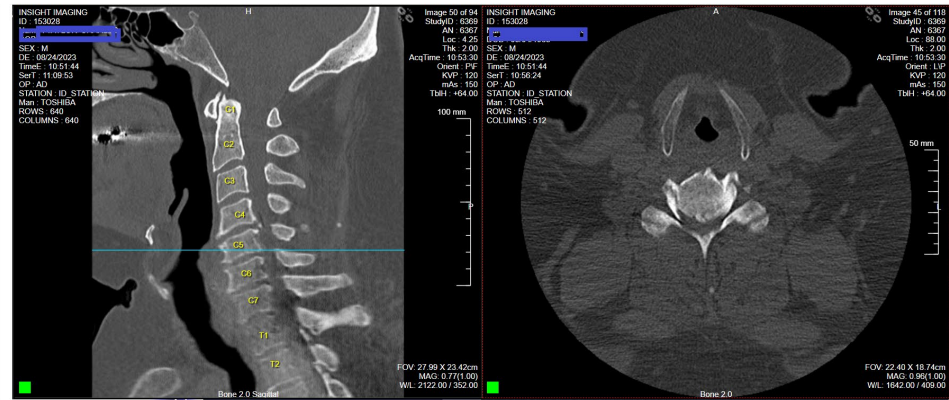
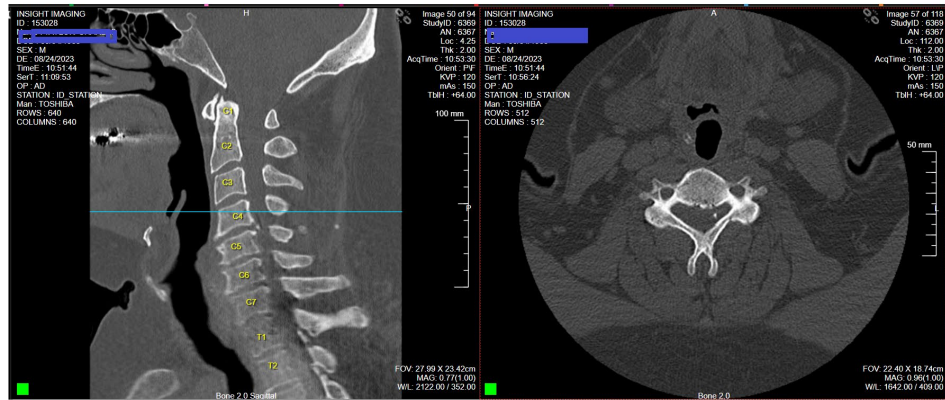




## Pre Op CT scan



# Pre Op CT scan



## Surgery:

- . **ACDF**
- . **ACCF**
- . **PCDF**
- . **360 decompression and fusion**

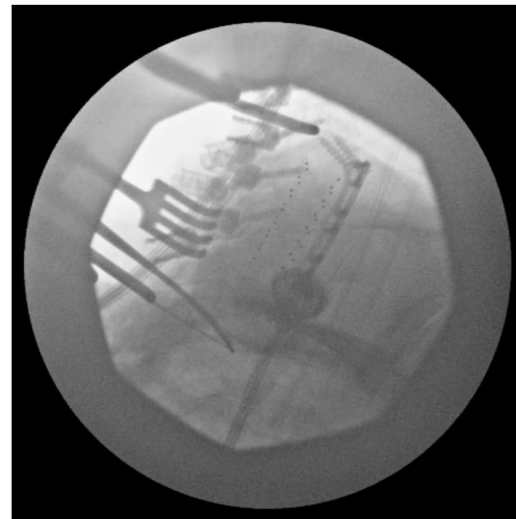
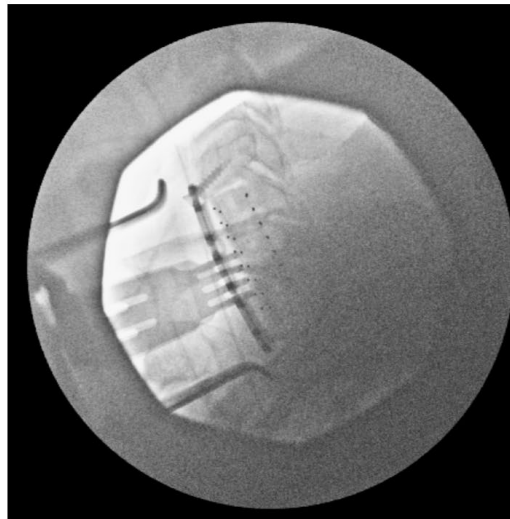
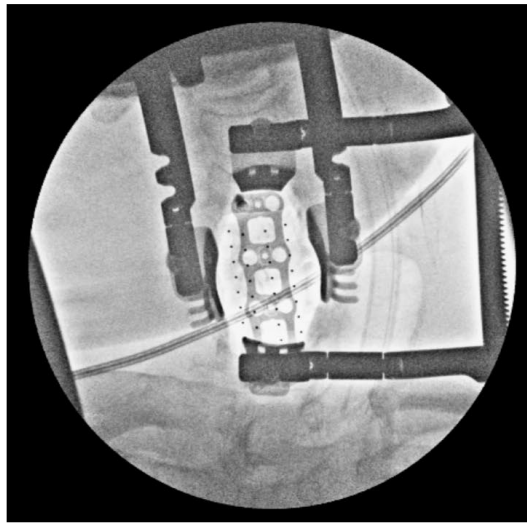
- Based on his clinical presentation of progressive deterioration of his motor deficit with significant change in his mobility—from being a full-time truck driver to becoming wheelchair-bound—necessitated urgent decompression and fusion surgery.

## two-stage surgery

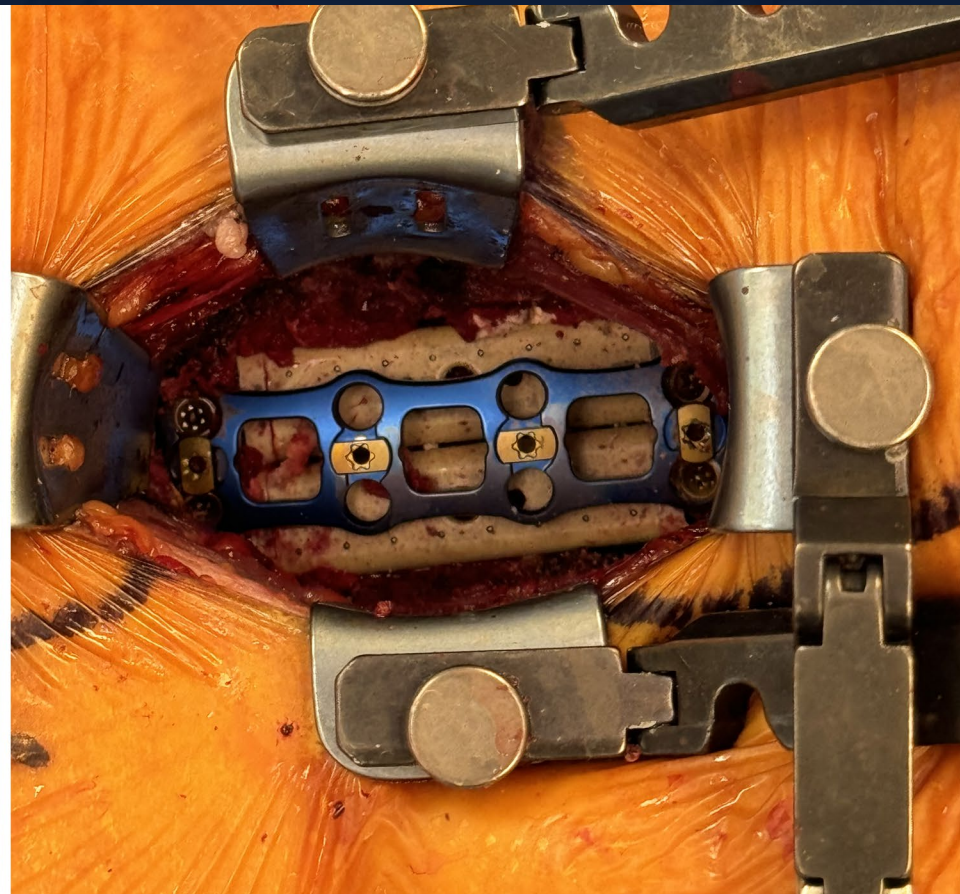
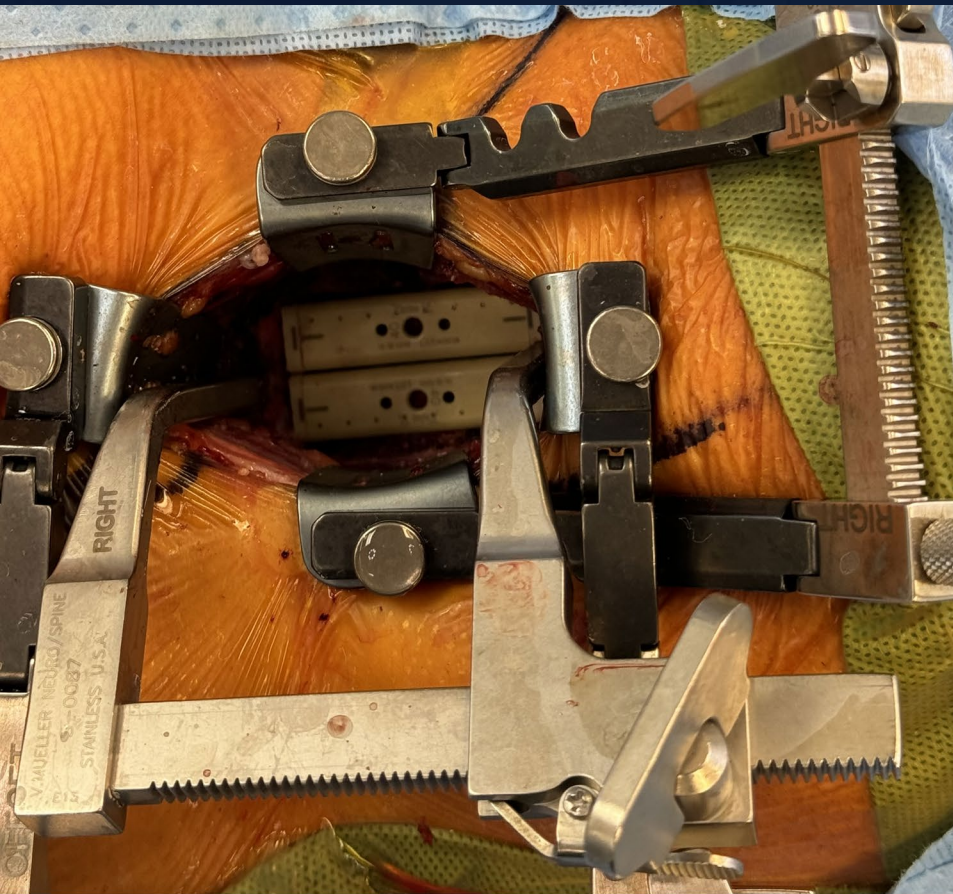
- Stage 1 → 11/13
- Stage 2 → 11/15



OR



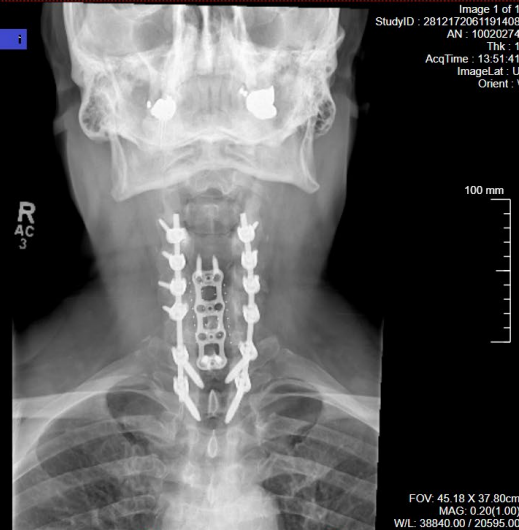
OR





# 8 months post op dynamic X-rays

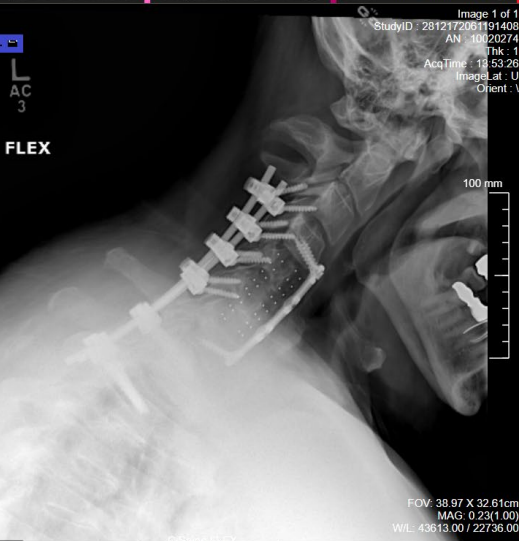
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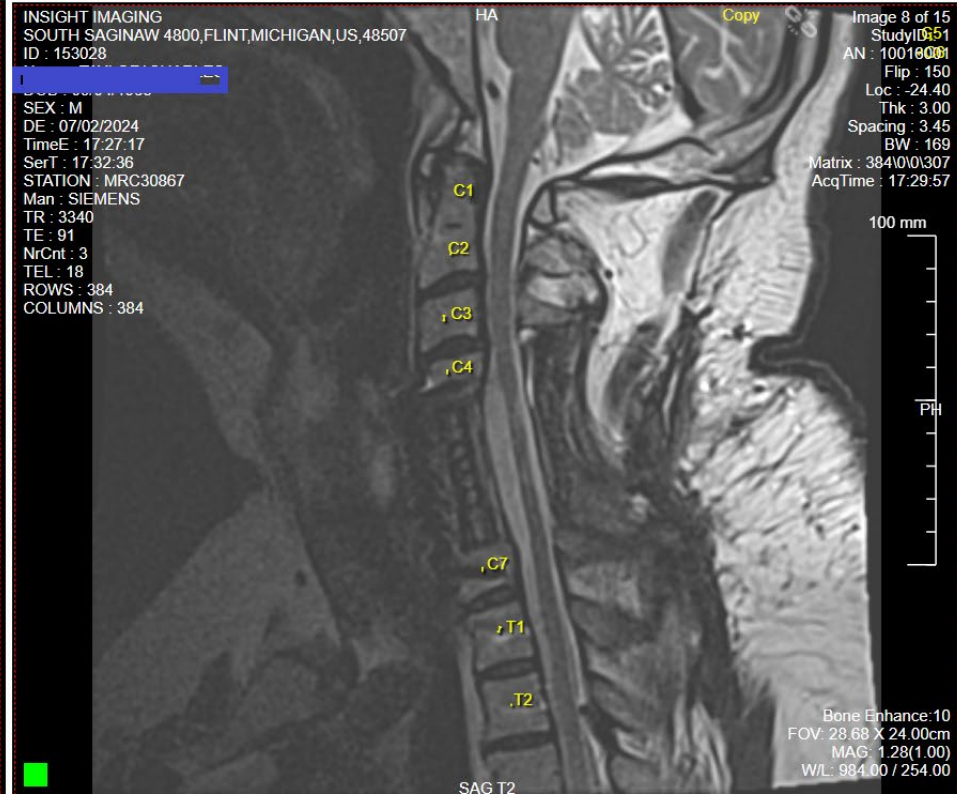
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COLUMNS : 1869



## 8 months MRI



## Video



- Discussion:

Staged vs same day Anterior and Posterior cervical Spinal Surgery.

# Thanks!