Anterior C6-C7 Microforaminotomy Reverses Triceps Weakness

Duncan Q. McBride MD; Ahmed Samir Elshikhali

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Introduction

A clinical series of patients with unilateral Triceps weakness treated with the anterior cervical foraminotomy (Jho) procedure at C6-C7.

Learning Objectives

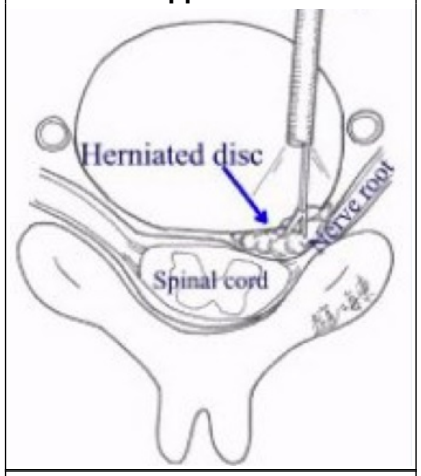
To establish procedural techniques and clinical and radiologic outcomes for the anterior cervical foraminotomy procedure ;to demonstrate effectiveness in reversing motor deficit with this minimally invasive procedure.

Methods

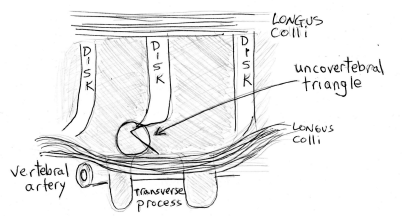
Eighteen patients were treated with the anterior cervical micro-foraminotomy procedure during a 16-year period with follow-up from 6 to 36 months. There were 14 men and 4 women (age range, 32–79 years).

Six patients had symptomatic soft disc herniation, and 12 had uncovertebral disk/osteophytes confirmed by magnetic resonance imaging and/or myelogram and computed tomography.

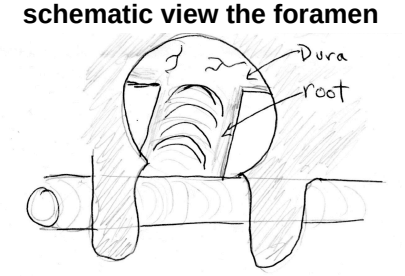
Schematic view of the Approach



Schematic view of the Foramen site



schematic view the foramen



Results

All cases had improved or resolved Triceps weakness, 16 case show rapid recovery of motor strength, and the other 2 patients show improvement on follow up in about 3 month with physiotherapy. One case operated in 2000 and had improved motor deficit, but 7 years later was reoperated for cervical stenosis

Conclusions

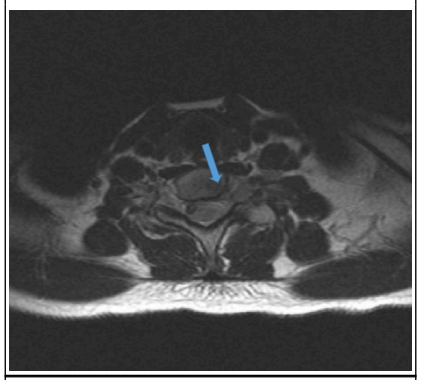
Patients with triceps weakness treated with the anterior cervical foraminotomy procedure have equivalent or better outcomes than those who undergo more major cervical procedures. It is a good alternative procedure for carefully selected patients with unilateral C6-C7 foraminal stenosis and triceps weakness. This outpatient procedure avoids discectomy and fusion or disc replacement.

References

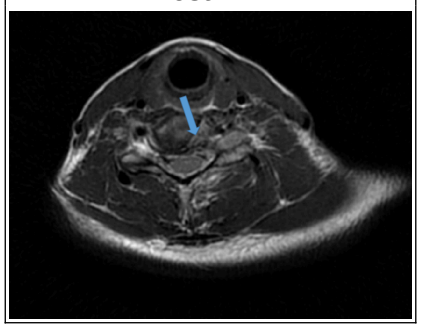
SPINE Volume 25, Number 8, pp 905–909 ,2000, Lippincott Williams & Wilkins, Inc.Anterior Cervical Foraminotomy for Unilateral Radicular Disease J. Patrick Johnson, MD, Aaron G. Filler, MD, PhD, Duncan Q. McBride, MD, and Ulrich Batzdorf, MD

Case 1

Pre MRI



Post MRI



Case 2

Axial CT Preop

Axial Ct Postop

Coronal CT Preop

Coronal Ct Postop