

## The Severity of Basilar Invagination and Atlanto Axial Dislocation Correlates with Sagittal Inclination (of the C1-C2 Joints) And Cranio-cervical Tilt: Description of New Indices for the Cranio Vertebral Junction

Nishant Goyal MBBS, MCh; P. Sarat Chandra; Avnish Chauhan MPhil; Bhawani S Sharma MCh All India Institute of Medical Sciences, New Delhi, India.



# Emerging concepts of treatment for CVJ anamoly

 Standard: Trans-oral surgery followed by posterior instrumented fixation

Based on the premise that the deformity of the CVJ cannot be corrected Aimed at achieving cord decompression and stabilization

- Recent Trends: Joint distraction to reduce BI- Single axis motion
- Emerging Trends:
  Specific intra-operative
  manipulation: 2 axes
  motion

#### **Objective of the study**

- Thus, there has been a recent shift of foucs to the (atlanto-axial) joints
- Hence it is important to study the joint morphology
- All future paradigms of treatment based on joint modification
- No indices described based on joint morphology

#### **Material and methods**

## • 70 cases VS 70 normals (total=140)

- Non syndromic developmental bony cranio vertebral junction' (CVJ) anomalies with BI & AAD
- All had C1 assimilation
- AGE: 15- 45 years (mean 27+8 years)
- Age and sex matched controls
- Exclusion criteria-Traumatic, Rheumatoid arthritis, Inflammatory pathologies like tuberculosis and Known genetic syndromes like Down's, Marfan's

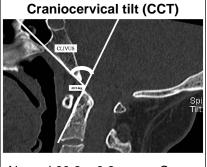
#### **NEW INDICES MEASURED**

- Cranio-cervical tilt
- Sagittal inclination
- Coronal inclination
- Joint surface area (AP and Lat diameters)
- Joint overlap index
- Joint congruity

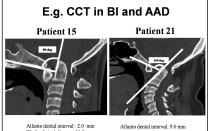
### TRADITIONAL INDICES MEASURED

- Atlanto dens interval (ADI)
- Wackenheim's clival canal line
- Chamberlein's line
- Mc Rae's line
- Modified Ranawat line

#### **RESULTS**

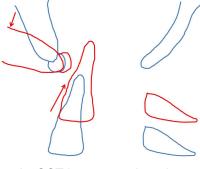


Normal  $60.2 \pm 9.2$  Cases  $84.0 \pm 15.1$  (P<0.01\*)



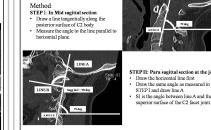
CCT increases with increase in severity of both BI and AAD (P<0.01\*)

#### CCT and BI



As CCT increases, there is a tendency of the dens to telescope superiorly into the foramen magnum

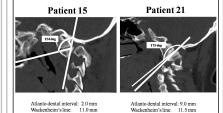
#### **SAGITTAL INCLINATION (SI)**



Sagittal Inclination (SI)

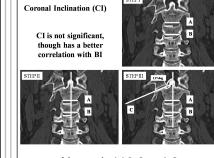
Normal: 87.2 ± 5.6 Cases: 127.1 ± 22.0 (p<0.01)

#### E.g. SI in BI and AAD



SI increases with increase in severity of both BI and AAD (P<0.01\*)

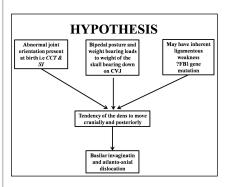
#### Coronal inclination (CI)



Normal: 110.3 ± 4.2 Cases: 121.1 ± 14.6

#### **INDICES MEASURED**

- Cranio-cervical tilt\*: (p<0.01for both BI and AAD)
- Sagittal inclination\*: (p<0.01for both BI and AAD)
- Coronal inclination: N.S
- Joint surface area (AP and Lat diameters): N.S
- Joint overlap index: N.S
- Joint congruity: N.S
- N.S = Not significant\* = Significant



#### Conclusion

New Indices (Cranio cervical tilt and Sagittal Inclination) correlate significantly with the severity of BI and AAD

These should be considered as a part of routine quantitative measurement for assessing the severity of BI and AAD