



Introduction

Anterior cervical discectomy and fusion is one of the commonest anterior cervical spine procedure usually done for cervical radiculopathy and myelopathy. Single or Two level surgery is routinely done.

Methods

In 1200 bedded tertiary care hospital, from January 2006 to December 2014, 242 anterior cervical discectomy and fusion procedures done. Of which, in 34 cases cervical interbody device with screws, in 134 cases interbody cage was used. In remaining 74 cases iliac crest graft was used for fusion.

Results

Postoperative clinical improvement was nearly similar in all the three procedures, with best improvement in cervical interbody device and screws. Recurrence of neck and arm pain incidence was less with Cervical interbody device and screws. Attempt towards restoration of cervical lordosis immediately after surgery was possible with cervical interbody device and screws. (P<0.005)

Conclusions

Cervical interbody device and screws used for anterior cervical discectomy and fusion gives better clinical results than cervical interbody cage and iliac crest grafting

Learning Objectives

To know about various techniques of anterior cervical discectomy and fusion. To analyze and find out the best method for anterior cervical fusion following discectomy

References

1. Comparison of a zero-profile anchored spacer (ROI-C) and the polyetheretherketone (PEEK) cages with an anterior plate in anterior cervical discectomy and fusion for multilevel cervical spondylotic myelopathy. Liu Y, Wang H, Li X, Chen J, Sun H, Wang G, Yang H, Jiang W. Eur Spine J. 2016 Mar 11. [Epub ahead of print]
2. A comparison of anterior cervical discectomy and fusion (ACDF) using self-locking stand-alone polyetheretherketone (PEEK) cage with ACDF using cage and plate in the treatment of three-level cervical degenerative spondylopathy: a retrospective study with 2-year follow-up. Chen Y, Lü G, Wang B, Li L, Kuang L. Eur Spine J. 2016 Feb 23

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