

CO-ORGANIZED EVENT

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**Anterior midline limited corpectomy in ossified posterior longitudinal ligament – our experience and functional outcome**

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**Introduction:** Ossified posterior longitudinal ligament is a complex phenomenon which eventually results in progressive disability due to the development of compressive myelopathy. Though the ossified mass lies anterior to the spinal cord, it is still a controversy regarding the management whether anterior or posterior surgery.

**Materials & Methods:** We at our institute did a retrospective study on the functional outcome of anterior midline limited corpectomy upto three levels of ossified posterior longitudinal ligament. Of 26 OPLL patients, 16 patients underwent standalone limited midline corpectomy during the period from January 2014 to June 2015. All the patients were evaluated preoperatively with Nurick scale. Eight patients presented with Nurick grade three, five patients presented with Nurick grade two, and two patients with Nurick grade four and one with Nurick five. Preoperative X-ray, CT and MRI of cervical spine were done in all these patients to assess the OPLL type and myelomalacia. 12 patients had segmental type involving maximum of three levels, three patients had local type and one patient had continuous type of OPLL as per the Japanese classification of OPLL. All except in two patients, follow up period was minimum of 16 months and the range was 14 months to 26 months. Postoperatively patients were evaluated with follow up Nurick grading for clinical evaluation and X-ray, CT scan and MRI for radiological assessment. X-ray was available for all patients during each visit in the post-operative period. CT scan and MRI were done at the end of 9 months to 12 months where patients could afford for it. So, we could collect post-operative CT and MRI in about nine patients from our PACS.

**Results:** Of the 16 patients in this series, 10 patients improved to grade two, four patients to grade one, two patients to grade three. Complications in our series include dural tear in two patients which was managed with collagen pack sealant with no CSF leak in the postoperative period. One patient's grade worsened to Nurick grade five in the immediate postoperative period which was grade four in the preoperative period. At the last follow-up patient had improved to grade three. One patient had C5 palsy which recovered completely at six months follow-up. On careful analysis all patients had excellent relief of radicular symptoms. Recovery was rapid in the first three months following surgery after which it was slow and attained plateau at about 12 to 14 months. There was no loss of cervical balance in the postoperative period. It's a very small series with short follow up.

**Biography**

Chandrasekaran Marimuthu has completed MBBS and MS in Orthopedics. He specializes in Orthopedic Surgery, Sports Medicine and Traumatology.

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