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60 PATIENTS FOLLOW-UP, FROM 6 MONTHS TO 2 YEARS, IN PATIENTS TREATED WITH DISCOVER® ARTHROPLASTY AFTER DISCECTOMY AND PRELIMINARY COMPARISON WITH DISCECTOMY AND FUSION AND DISCECTOMY ALONE.

G. Maida\*, F. Garofano\*, S. Sarubbo\*, M. A. Cavallo\*

\*University-Hospital S. Anna

Division of Neurosurgery

Ferrara –Italy-

The fusion procedure, after anterior cervical decompression, seems to allow the better neuroradiological and clinical results in the treatment of cervical discoarthrosis, even if the debate is still opened. The anterior cervical fusion, performed with bone, cages or locking plates, avoids kyphosis but can produce immobilization of the interested cervical tract and symptomatic junctional disease. So, many authors suggest cervical arthroplasty may be the best solution to preserve motion and lordosis of the cervical tract.

We present our case series of 60 patients undergone to cervical discectomy and arthroplasty (Discover ®) with follow-up ranging between 6 to 29 months. We obtained a good and steady clinical outcome in all the patients with arthroplasty after discectomy. In all patients the two-years morphodynamic X-rays and MRIs showed preservation of motion and physiological cervical lordosis, absence of junctional disease without foraminal narrowing. After 24 months, we didn't find any significant clinical and neuroradiological difference in the results obtained in patients treated with discectomy and arthroplasty vs discectomy and fusion. The kyphosis discovered in discectomy and fusion was clinical manifest only in 1 of 60 patients, with junctional disease too. Yet Patients treated with arthroplasty referred, instead, the best satisfaction. Moreover, we found significant better outcome in respect to patients treated with discectomy alone, in which we reported seven cases of kyphosis clinical manifest (about 11.6%). In the patients underwent arthroplasty we didn't report any surgical complication or artificial cervical disc displacement.

Our follow-up is, of course, too short to be conclusive and the debate remain opened but we consider cervical arthroplasty a good, safe and really effective option to fusion and the best treatment in respect to cervical discectomy alone.