

*Neck Motion Following Multilevel Anterior
Cervical Fusion*
comparison of short-term and midterm results

BY

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Summary

Neck pain and radiculopathy are one of the most common complains in adult population. ACDF is the gold standard procedure for cervical disc prolapse.

All patients should have thorough neurological examination and proper investigations including plain x-rays, CT and MRI of the cervical spine. Plain x- rays in addition to flexion and extension views are essential for assessment of cervical motion. MRI is the gold standard to show neural compression.

The study was conducted on 30 patients operated upon by multi-level ACDF in Department of Neurosurgery in Fayoum University Hospital.

The main goal of this study is to assess neck motion and compare between short term and midterm results. For this goal, neck motion was assessed by the sum of Cobbs angle in flexion and extension. Neck motion was assessed pre- operatively, 1 month and 6 months post operatively.

In conclusion, our study stated that there was significant reduction in neck motion in the short term post-operative period especially in flexion which showed improvement in the midterm post-operative period. The reduction in neck motion postoperatively was contributed to adhesion and edema around the soft tissue in addition to muscle spasm following a long period of cervical immobilization in the early post-operative period.