

Masculino, 46

Consulta:

Cervicobraquialgia bilateral progresiva, contractura muscular crónica. Alteración en coordinación de movimientos de los dedos de las manos, dificultad para la prensión. Alteración de la marcha. Parestesias y sensación de frío en MMII. Clínica refractaria al tratamiento médico de varios años.

Examen físico:

Pobre conciencia de sus síntomas. Hoffman + bilateral. Babinsky + bilateral.

EMG:

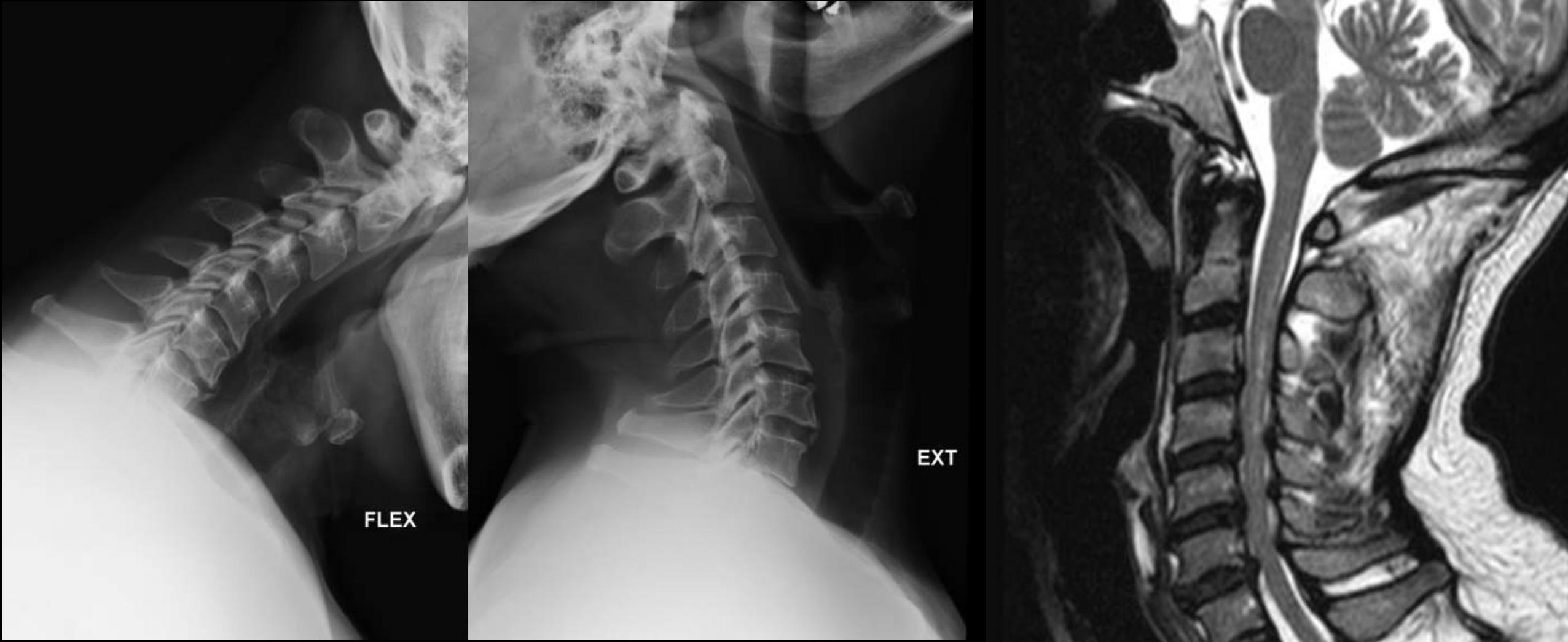
Denervación de las estructuras cervicales, no tunelcarpiano ni lesión cubital o radial, ausencia de perdida de mielina o daño del axón

Tratamiento médico recibido:

Miorrelajantes. B12.

Corticoides.

Antineuríticos (Pregabalina)



Espondilosis cervical múltiple.  
Canal cervical estrecho C3-C7.  
Mielomalacia C3 a C5.  
Sin alteración funcional en flexión / extensión

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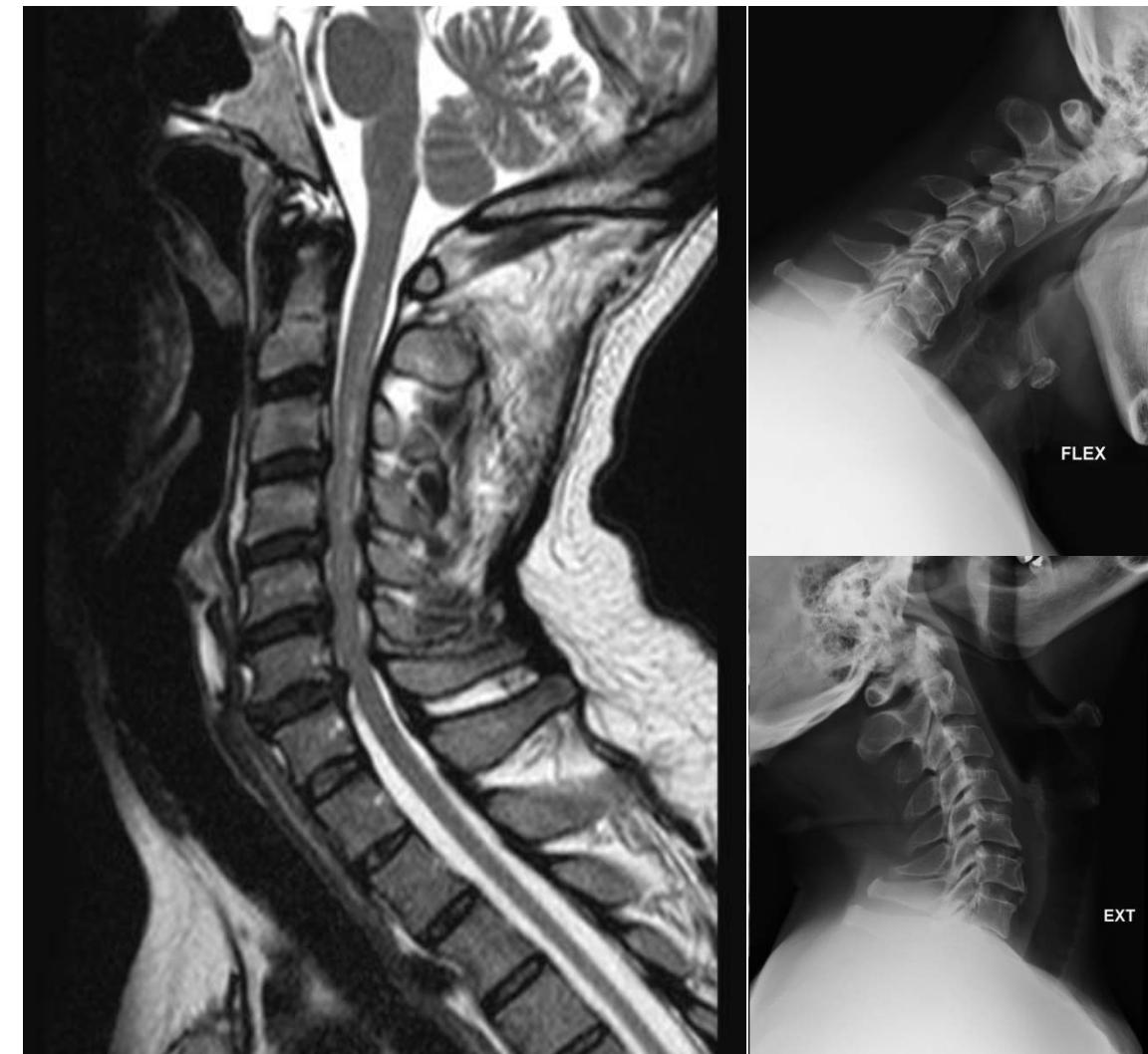
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1. Tratamiento médico?

2. Tratamiento quirúrgico?

I. Vía anterior, posterior o combinada?

II. Cuáles niveles?

## Laminoplasty: a review of its role in compressive cervical myelopathy.

Hale JJ<sup>1</sup>, Gruson KI, Spivak JM.

### Author information

#### Abstract

**BACKGROUND CONTEXT:** The currently accepted surgical treatments for compressive cervical myelopathy include both anterior and posterior decompression. Anterior approaches including multilevel discectomy with fusion or vertebral corpectomy with strut grafting, both with and without instrumentation, have enjoyed successful outcomes, but have been associated with select postoperative complications. Laminoplasty has been developed to decompress the spine posteriorly while avoiding the spinal destabilization seen after laminectomy.

**PURPOSE:** The purpose of this article is to provide a review of the various techniques, biomechanical basis, predictive value of imaging modalities, clinical outcomes, and postoperative complications associated with cervical laminoplasty.

**STUDY DESIGN:** A review of the literature.

**METHODS:** A comprehensive literature review using Medline was performed identifying relevant articles that addressed the techniques, clinical outcomes, and complications after cervical laminoplasty, as well as preoperative radiographic predictors of outcome.

**RESULTS:** The various modifications of cervical laminoplasty have generally been associated with excellent clinical outcomes when used for myelopathy secondary to cervical spondylosis or ossification of the posterior longitudinal ligament (OPLL). Recent long-term studies have identified issues with this technique including axial neck pain, canal restenosis, nerve root palsy, diminished cervical motion, and loss of cervical lordotic alignment.

**CONCLUSIONS:** Cervical laminoplasty remains a reliable procedure for posterior decompression of the spine, but the optimal approach to cervical myelopathy must take into account both patient and disease characteristics, as well as the capabilities and experience of the surgeon.

#### Comment in

Laminoplasty: a review of its role in compressive cervical myelopathy. [Spine J. 2009]

PMID: 17097549 DOI: [10.1016/j.spinee.2005.12.032](https://doi.org/10.1016/j.spinee.2005.12.032)

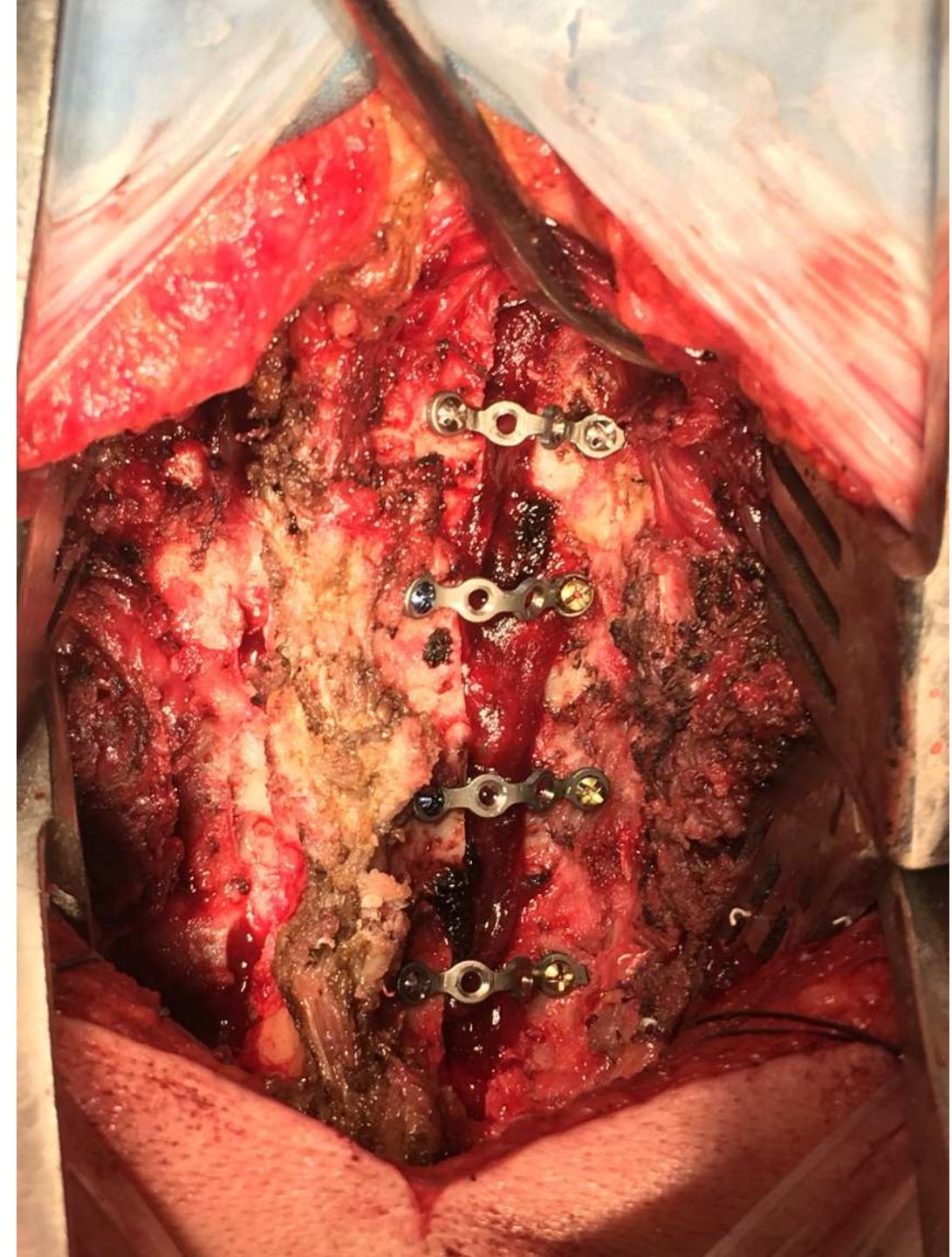
[Indexed for MEDLINE]

Diagnóstico:

Canal cervical estrecho congénito, estable, con mielopatía cervical

Plan de tratamiento:

Cirugía por vía posterior con laminoplastía de C3 a C7







Post op 6 meses



Post op 12 meses

Evolución.

Neurorahbilitación 12 meses.

Recuperación total de los movimientos de las mano.

Reinserción laboral a trabajos de oficina  
(uso de computadora y tareas manuales habituales).

Refiere “frio” en ambos pies que responde a pregabalina.

## Resumen.



- Dx: Canal ceroical estrecho congénito con mielomalacia.
- Tto: laminoplastía C3-C7.