3 weeks, depending on the severity of the shock. In the development of these changes, external power and a secondary effect of the vasomotor nerves appear to participate.

I-3. The Treatment of the Ossified Posterior Longitudinal Ligament of the Cervical Spine

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The best choice of the operative treatment for the ossified posterior longitudinal ligament of the cervical spine has not been established yet.

The present study included 125 patients seen for seven years since 1964. Sixty of them demonstrated the long tract cord sign with more or less disorder in walking, positive Babinski in 46%, Wartenberg phenomenon in 98%, atrophy of the intrinsic hand muscle in 45%, bladder disturbance in 70% and constrictive sensation in the chest and/or abdomen in 28%. The spondylotic change of the cervical spine was combined at the rate of 27.7%.

Surgical decompression was performed in 27 patients; laminectomy in nine cases, Cloward’s interbody fusion in eight cases, laminectomy combined with Cloward’s in two cases, and extensive spondylotomy with resection of the ossified mass in eight cases. One patient treated with laminectomy died of high fever on the sixth postoperative day. Fifteen patients were improved after operation; five patients with laminectomy, six with Cloward’s interbody fusion, and four with the extensive spondylotomy.

The most important surgical finding was an adhesion of the ossified ligament with the dura mater at the site of compression which made the surgical resection of the ossified mass very difficult.

Growing in the size of the remained ossified mass after operation was observed in several cases.