98. Clinical Observations on Cervical Spondylotic Myelopathy

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Chronic and acute myelopathy associated with cervical spondylosis have undergone surgical operation. This report considers 91 cases with treated by the surgical procedures. Changes in their preoperative neurologic status have been related to their functional deficit. At the time of surgery, 2 were 20 to 29, 11 were 30 to 39, 24 were 40 to 49, 35 were 50 to 59, 17 were 60 to 69, and 2 were more than 70 years of age. There were 70 men and 21 women.

The duration of symptoms prior to operation was less than 1 month in 12 patients, 2 to 6 months in 23 patients, 7 months to 1 year in 23 patients, 2 to 3 years in 16 patients, 4 to 10 years in 16 patients, and more than 10 years in one patient. A history of neck injury was obtained from 45 of the 91 patient, and varied from one day to 10 years prior to the onset of myelopathy. 8 patients were found to have a congenital anomaly of the cervical spine. 5 had multiple level anomalies and 6 were women. Congenital fusion of the vertebral bodies were common, 4 patients had at C2–3 level. The spondylotic changes of the cervical spine were found in 74 patients, 60 at C5–6, 36 at C6–7, 18 at C3–4. The chief complaint, the initial symptom are followed, 64 were paresthesias, 53 were abnormal gait, 40 were clumsy, 35 were pain in neck and arm, 32 were weakness, 12 were sphincter symptom, 5 were severe quadriplegia, 4 were severe muscle atrophy and 1 was other symptom, 53 patients had physical signs of the myelopathy alone. 38 patients had myelopathy and radiculopathy. The patients had the combined symptom with weakness, long-tract sensory deficit, spasticity and radicular pain, 62 had weakness, 45 had long-tract sensory deficit, 75 had spasticity. None had weakness alone and long-tract sensory deficit. The other hand, 7 patients had spasticity alone.

99. Neurological Recovery of Patients with Spinal Cord Injuries treated by Our Method

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The purpose of this paper is to present the results of neurological investigation