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CERVICAL SPONDYLOPATHY

WHAT IS CERVICAL SPONDYLOPATHY?

Cervical spondylopathy is a broad term which refers to the process of age-related wear and tear affecting the spinal joints and discs in the neck. This process of degeneration eventually causes disc bulging, thickening of the facet joints and formation of small bony spurs (osteophytes), which can pinch the spinal nerves or compress the spinal cord (Fig 2).

The process can also cause neck stiffness and pain which typically radiates across the back of the shoulders and into the back of the head (cervicogenic headaches).

WHAT ARE THE SYMPTOMS?

The symptoms tend to develop slowly over several weeks or months but can occur rapidly. A trapped nerve in the cervical spine may cause a dull or a sharp shooting ache in the arm, forearm or fingers. This is called Brachialgia. There may be associated arm or hand numbness, tingling and/or muscle weakness, all of which may eventually interfere with lifestyle and work.

When the spinal cord is also compressed, the condition is potentially more serious with additional symptoms affecting the legs including weakness, stiffness and heaviness. Walking and balance become more difficult, leading to falls. Spinal cord compression also impairs tasks that require fine hand movements such as writing, doing up buttons, zips or shoelaces. In rare cases, the bladder begins to suffer and becomes overactive such that patients need to rush to the toilet frequently, but are only able to pass small amounts of urine each time. This is known as urinary frequency and urgency.

Fig2. Cervical spinal cord compression



WHAT INVESTIGATIONS ARE REQUIRED?

Degenerative changes in the spine and their relation to the nerves and spinal cord is most accurately visualised with a spinal MRI scan which shows these spinal structures in great detail (Fig 3).

WHAT ARE THE TREATMENT OPTIONS AND PROGNOSIS?

Mild arm pain without significant muscle weakness will often improve with conservative treatment including pain medication, modification of activities and physiotherapy.

If the pain persists or worsens, or there are worrying associated symptoms such as arm or leg weakness, then surgery to release the trapped nerve may be the best option. With modern micro-surgical techniques using powerful operating microscopes, the overall success rate of this type of surgery varies from 80 to 90%.

Symptoms due to spinal cord compression are potentially more serious and therefore require early referral to a spinal specialist as surgical treatment may be necessary to avoid further cord damage.

A decompression operation can be either performed through a small incision in the front of the neck (Anterior Cervical Discectomy Fusion), or the back (Cervical Foraminotomy).

Fig3. Normal cervical spine MRI scan

