



Neck Pain and Degenerative Disease Of the Cervical Spine



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As we age changes occur in bones, ligaments, and discs of the neck. However, an acute injury to the cervical spine (neck) may trigger premature degenerative processes in a young person.

Cervical spine (neck) degenerative disease is a common condition. Many diseases can cause neck and arm pain or spinal cord injury, the most common cause is a dysfunctional segment (herniated disc, stenosis, etc.) of the cervical spine. Symptoms of cervical spine degeneration are either axial, radicular or myelopathic. The challenge is deciding which patients would benefit from surgical intervention or con-

servative management.

Axial complaints (general neck pain) are the most common. These symptoms precede or coexist with radicular (irritation of the nerve) pain in the arm from nerve root compression caused by a disc herniation. Up to one-third of the population has experienced severe neck pain with or without arm pain.

Radicular pain (coming from a nerve root) can indicate cervical disc herniation. Pain is the most common complaint, with numbness in the limb and motor weakness also present. The onset presents as a dull ache in the neck, often upon awakening. Raising the affected arm over the head may temporarily relieve the pain.

Myelopathy (signs of spinal cord compression) develops in only 5-10% of patients with degenerative disease. Because of the potentially devastating effects of spinal cord injury, it is essential early in the evaluation process to identify those patients who would benefit from surgical treatment. Arm symptoms may include weakness, stiffness or clumsiness in the hands, such as being unable to button a shirt or turn a doorknob. Leg symptoms may include weakness, difficulty walking, frequent falls or the need to use a cane. Urinary symptoms are also

common. The symptoms are progressive. It is possible for non-surgical diseases like ALS (Lou Gehrig's disease) and MS (Multiple Sclerosis) to cause similar symptoms in patients. Therefore, MRI study of the cervical spine is essential.

Non-surgical Treatment: Rest, medication, and physical therapy may relieve symptoms. Nonsteroidal anti-inflammatory agents (Advil, Motrin), oral steroids, muscle relaxers, and narcotic pain relievers are prescribed.

Surgical Treatment: Indications for surgery include persistent pain despite conservative treatment and/or neurological deficits such as weakness, sensory, or reflex changes.

Surgery is most often performed from the front of the neck, but may also be performed from the back. The disc and/or bone spurs can be removed in order to relieve pressure from the nerves or spinal cord. Patients spend one night in the hospital. Greater than 90% of patients get very good pain relief after surgery. Complication rates are extremely low. Patient satisfaction is very high. Usually, a soft cervical collar is required for four (4) weeks after surgery. Most patients return to full activity with no restrictions after surgery.