

Cervical Degenerative Disc disease

Posted by slavergne - 02 Nov 2011 19:14

I am from Canada and have seen many specialists and doctors in Ottawa, Ontario in regards to my degenerative disc disease of the cervical and lumbar spine condition which started in early 2000 and was diagnosed by an MRI back in 2006 and a more recent one in 2010. I would like to know what can be done to help me alleviate the chronic pain which I have been living with for so many years.

My MRI of October 2010 indicates that the cervical spine at C2-C3 there is no disk protrusion or spinal stenosis. Mild to moderate right neural foraminal narrowing secondary moderate IA changes of the facet joints.

At C3-C4 there is a small broad-based posterior disk osteophyte complex. Small left uncovertebral osteophytes. No disk protrusion, spinal stenosis significant neural foraminal narrowing. There are mild changes of the facet joints.

At C4-C5 there is a small broad-based posterior disc osteophyte complex greater towards the right. Small right and moderate left uncovertebral osteophytes. There is moderate left neural foraminal narrowing. Mild degree of central spinal stenosis. No disc protrusion.

At C5-C6 there is a small broad-based posterior disc osteophyte complex. Small right and moderate left uncovertebral osteophytes. Mild right and moderate left neural foraminal narrowing. Mild degree of central spine stenosis. No disc protrusion.

At C6-C7 there is a small broad-based posterior disc osteophyte complex. Small to moderate bilateral deep osteophytes. Mild right and moderate left neural foraminal narrowing. Borderline degree of central spinal stenosis.

Moderate multilevel degenerative disc changes with mild multilevel central spinal stenosis. No disc protrusion. Neural foraminal narrowing/OA change of the facet joints as described.

An X-Ray of the cervical spine in June 2010 indicates that there is straightening of the cervical lordosis, probably the result of muscle spasms. There are degenerative changes from C4 to C7 and with osteophytes and severe narrowing of the C4-C5, C5-C6 and C6-C7 disc spaces. There is mild narrowing of the left C5-C6 intervertebral foramen.

I have been in constant pain since 2000 which has now become a chronic pain. I have been off work in 2007 for 3 months due to this condition and again from December 2010 to May 2010 and now progressively returning to work. I have tried physiotherapy in January 2010 (the McKenzie Method) which has not helped as the pain is centralized in the cervical spine and lumbar spine, causing at times neuralgia headaches, numbness in hands (especially the left hand), sore elbows, weakness in arms, sore left buttock and calf, feeling of electric shocks in right hand, neck, trapeze and lumbar area.

I have undergone this last August, three cervical facet cortisone injections and on October 3rd 2011, botox injections in the muscles of the my back for which none has helped or reduced the pain.

My question to you would be to know if I would be a candidate for cervical spine fusion?.

Your advice is greatly appreciated.

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Re: Cervical Degenerative Disc disease

Posted by Dr. Corenman - 04 Nov 2011 07:10

You report pain in the cervical spine centrally. The lumbar spine pain most likely is from another source. The upper extremity symptoms seem to be variable. First, which symptoms are worse, the neck or the arms? If the neck, what is the percentage of neck vs. arms? 70/30, 80/20 or? What makes the neck pain worse? Does time of day make a difference? What is the intensity of the pain on a 0-10 scale?

The X-rays can be revealing. You note significant degeneration of C4-7 and straightening of the normal lordosis curve. Straightening of the curve is typical with degenerative change of the discs. The discs are trapezoidal in shape and wear of these discs will straighten the spine.

I will assume that you have already had substantial treatment in the form of physical therapy, chiropractic and other forms like acupuncture and medications. You report that injections have failed to give you relief.

If you have failed everything and the symptoms are disabling, you might be a candidate for a work-up for surgery. First, facet injections might be in order. The cervical facets can generate central neck pain. Temporary relief of your pain with injection of the facets may make you a candidate for ablation of the nerves that send signals from the facets (rhizolysis).

If that procedure gives you no relief, then you might be a candidate for fusion surgery. First, the range of motion of the C4-7 levels on flexion- extension films has to be very limited or there has to be instability present. Some surgeons would then use a test called a discogram to test discs above. This test would have to be negative (no pain generated from the discs above). You would then need a long talk with your surgeon regarding surgery, the expectations, the potential results- both good and bad.

Dr. Corenman

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