with Neurological deficits.

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Functional outcome of ACDF with stand-alone cage and bone graft in degenerative cervical disc prolapse

INTRODUCTION Degenerative conditions of cervical spine are one of the significant diseases in relatively older age groups. It creates disabilities for the patient, and a burden for family and the society as well. Thus the surgical treatment is worthwhile. Anterior cervical discectomy and fusion (ACDF) is the most frequently performed surgical treatment for several cervical spinal diseases, including herniated disc, compressive myelopathy, trauma and degenerative disease.

This procedure is used to decompress the spinal cord and nerve root, and to stabilize the affected segments. ACDF with the Stand-alone cage is relatively a feasible implant that allows sufficient stability and fusion after decompression for treatment of cervical degenerative disc disease.



This study is to evaluate the Clinico-radiological outcomes in the patients undergone anterior cervical discectomy and fusion (ACDF) with stand alone cage and bone graft in patients with Degenerative cervical spondylotic myelopathy or radiculopathy for cervical disc prolapse of single or multiple level.



Materials & Methodes:

This Prospective interventional study included a total of 32 cases from July 2023 to June 2024 through non-randomized purposive sampling in both govt. and private hospital settings. All the patients were between 20 to 75 years of age and operated (ACDF) with Stand-Alone Anchored Spacer with bone graft for cervical degenerative disc disease. Patients were placed in the supine position with neck hyperextension; the surgical site was exposed via a standard anterior approach and open anterior cervical discectomy was performed.



Materials & Methodes: contd

After dural decompression, interbody fusion was performed using a zero-profile stand-alone cage . The cages were filled with allogenic bone graft for fusion. Wound was closed with vicryl and cervical collar was placed for 2 weeks. Patients were discharged on 2nd post operative day. The postoperative outcome was assessed by NDI and JOA scoring. Postoperative follow up was conducted at 1st, 3rd and 6th month.



Results:

outcome clinically, functionally and radiologically.

The mean age was found 53.41 ± 12.17 years with male predominancy of 68.75%. Most of them were service holder (31.25%) and the most common presentation was radiculopathy (43.8%). The most commonly affected level was C5/6 (43.8%). Dysphagia rate was 12.5% after 2 weeks and no dysphagia after 3months. Evaluation of outcome 6 months after operation showed that mean NDI score 13.8±1.5, JOA score 14.7±1.3 and Bridwell Grade-I fusion 92.85% with excellent















Conclusions:

degenerative disc disease with neurological symptoms.

Anterior cervical discectomy and fusion (ACDF) is one of the best surgical treatment for cervical degenerative disc diseases with neurological deficits. Stand-alone cages acts as a spacer that improves it's outcome. This is a safe and reliable implant for the treatment in terms of fusion and stability in cervical



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