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V-003 - ENDOSCOPIC TRANSORAL RESECTION OF ANTERIOR HIGH CERVICAL OSTEOPHYTES

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Resumen

Introduction: Endoscopic transoral approach allows a direct exposure to the extradural structures located in midline higher cervical levels and the craniocervical junction. Anterior cervical osteophytes (ACO) are a potential cause of spondylogenic dysphagia. When symptomatic and medical treatment fails, ACOs must be operated. For higher levels, few surgical approaches had been described and the Endoscopic transoral approach should be taken into consideration.

Case report: We describe, step by step, the endoscopic transoral approach for the resection of a giant anterior C1–C2 osteophyte. Our patient was a 53-year-old woman presenting cervical pain, dysphagia, dysphonia and dyspnea. Preoperative CT scan, it showed ossification of the cervical anterior common vertebral ligament and a giant ACO. Endoscopic transoral approach was performed achieving complete osteophylectomy. Total resection was confirmed in the postoperative CT scan. She remained with NGT nutrition for 72 hours and then began feeding orally. Dynamic X-ray was performed, ruling out cervical instability. In the outpatient control, two years after surgery, she did not refer dysphagia, cervical pain or dyspnea and was able to be back to normal life.

Discussion: The endoscopic transoral approach constitute a minimally invasive option for the treatment of midline compressive pathology that involve craniocervical junction and higher cervical levels. This technique offers optimal visualization, maximizing the resection of these lesions and decreasing morbidity and mortality.