

## Corpectomy C6 and Fusion of C5 – C7 with anterior plate system



### SYMPTOMS

A 27-year-old female patient presented to the hospital with increasing shoulder/neck pain for several weeks (under strain and at rest).

### DIAGNOSIS

There was no clinical-neurological deficit. Diagnostic imaging procedures revealed an osteodestructive process at C6 with increasing kyphotic bending. In addition, there was a suspicion of an inflammatory or tumor-destructive process since increased uptake in the bone was discovered on scintigraphy. Due to the initial onset of kyphosis and the unclear process, it was decided to perform a corpectomy and alignment of the cervical spine from C5 to C7. Based on the patient's age as well as the need for rapid and good, extensive fusion, fusion with autologous tricortical iliac crest graft was indicated.

### THERAPY

After an approximately 5 cm long right lateral skin incision was made in a natural skin fold, the subcutaneous tissue was dissected and the platysma was visualized. The platysma was divided longitudinally. After blunt preparation on the prevertebral cervical fascia, it was determined that this fascia had undergone inflammatory changes. The areas of attachment of the longus colli muscles were coagulated (hypervascularized bilaterally) and a surgical retractor system was inserted.

Then the vertebral body expandable screws were introduced in C5 and C7. Following a microsurgical discectomy of C5/6 (with

inflammatory changes) as well as of C6/7 and scraping of cover plates 5 and 7, a corpectomy was performed far laterally with exposure and visualization of both vertebral arteries. The posterior longitudinal ligament was removed medially and was not changed. After beveling the vertebral body to the healthy pedicle, a defect measuring 2.3 cm was able to be seen in which a form-fitting, level-milled iliac crest graft was used. Subsequent fixation was provided using a titanium plate measuring 42 mm and 12-mm and 14-mm self-tapping monocortical screws in C5 and C7.



„We used the anterior uNitas™ plate from ulrich medical® for the indication described. This implant allows individual and rapid accommodation of the anterior cervical spine. The self-drilling and self-tapping screws save at least two steps. The very flat plate design prevents postoperative swallowing difficulties and an automatic back-out mechanism significantly reduces implant failure.“

**Prof. Florian Roser**  
Managing Consultant Surgeon, Universitätsklinikum Tübingen



Discoligamentous instability in the case of chronic inflammatory destruction of C6



Corpectomy C6, iliac crest spacer and anterior fusion C5 – C7 with the uNitas™ plate



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