

A Rare Case Of Extensive Cervical Ossification Of Posterior Longitudinal Ligament Without Upper Limb Symptoms: A Case Report

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INTRODUCTION:

The incidence of OPLL is 2.4% in the Asian population and 0.16% in the non-Asian population.¹ The progressive mineralization process can lead to spinal stenosis and severe myelopathy. Common Initial complaint or symptoms of the OPLL includes neck pain, pain or dysesthesias and motor dysfunction of the upper limb and/or lower limbs².

REPORT:

48-years-old lady presented with worsening lower back pain, bilateral lower limb weakness, numbness one month prior to admission associated with altered urinary and bowel habit. On examination, she had upper motor neuron lesion at the level of thoracic T8 and below. MRI Thoracolumbar reveals multilevel degenerative disc and thoracic T8 and T9 spinal stenosis. Patient underwent spinal decompression and instrumentation for Conus Medullary Syndrome. Then she started to develop spasms of the lower limbs and CT scan of thoracic was done shows multilevel degenerative changes and osteophytes with Thoracic T1,T2,T8 and T9 spinal canal stenosis, then subsequently she underwent 2nd operation for decompression by total laminectomy thoracic T8,T9 and extension of instrumentation for thoracic myelopathy. Her lower limbs condition did not improve much despite on those treatments. She still did not complaint any neck pain, clumsiness, hand tremors and numbness or weakness of the upper limbs. CT cervical revealed extensive continuous cervical OPLL with spinal canal stenosis from cervical C1 to thoracic T2 (**Figure 1**), then she underwent 3rd operation with cervical decompression

and posterior instrumentation from cervical C2 to thoracic T3. After the surgery the lower limbs spasm, pain and modified Japanese Orthopaedic Association score were improved.

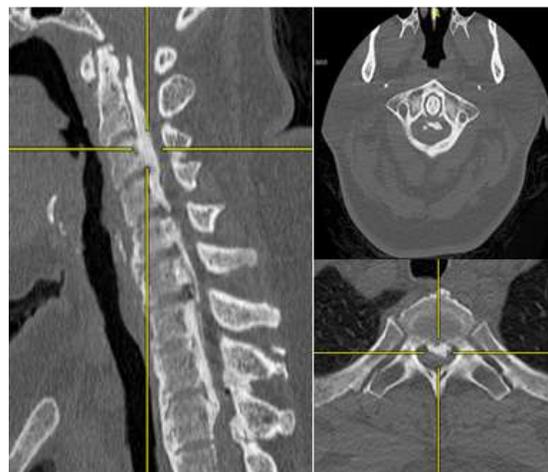


Figure 1; CT cervical revealed extensive continuous cervical OPLL from cervical C1 to thoracic T2.

CONCLUSION:

In patient who presented with myelopathy or neurological symptoms of upper or lower limbs which are unexplained by other causes, a diagnosis of OPLL should be considered more often². The symptomatic patient usually demonstrates the typical findings of OPLL in both clinically and radiographically.

REFERENCES:

1. Byung et. al. Asian Spine Journal 2011; 4: 267-276
2. Alfred et. al. Spinal Cord Medicine 2016; 1:23-27.