A RARE OCCURRENCE: YOUNG GENTLEMAN WITH C2-C6 OSSIFICATION OF POSTERIOR LONGITUDINAL LIGAMENT (OPLL)

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Introduction: OPLL typically occurs in men who in 50's to 60's but rare in young men. Asians are likely to develop OPLL. Frequently, OPLL usually asymptomatic and early onset. Disclose unusual case of C2-C6 OPLL in gentleman presented with neck stiffness.

Discussion: Case Report; A 37 year old salaried and healthy, complaining stiff neck and reduced the motion for 8 months. It claimed started mainly on the right side antecedent. Besides, the patient denies back stiffness, any neurological deficit or radiculopathy, history of recent trauma and constitutional symptoms.Going-over, no neck rotation, minimal flexion 30 degree with intact neurology, no spine tenderness. The plain radiography revealed loss of cervical lordosis, no kyphotic changes (K-line-negative) with computed tomography scan of thoracic spine and mixed type of OPLL at C2-C6 causing narrowing of spinal canal (0.8cm in AP diameter) at C2 and C3 with cervical spondylosis . During follow-up 2 months, he claimed to have improvement in range of motion. Discussion; The cause of OPLL is unknown, but research shown likely hereditary factors, the environment and lifestyle. The OPLL studies has demonstrated it's different in generation, and highest rate afflicting the 30-49 years age group. Gentleman with mild degree of OPLL, the disease will progress, moreover the ossification volume increased by 7.5% over within the follow-up period. Non operative of OPLL with cervical includes observation, without myelopathy have low risk progression. The prophylactic surgery, of CM symptomless is unnecessary. It reserved for patients with CM caused by spinal cord compression. Type of surgery can be anterior, posterior or combined. Posterior approaches are more favored to lower complication rate.

Conclusion: Thus, the knowledge of OPLL is important to us in early recognition and treatment as further spinal cord damage is critical for good clinical outcome.