شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

HOSSAM MAGHRABY

شبكة المعلومات الجامعية

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

HOSSAM MAGHRABY

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها

علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار

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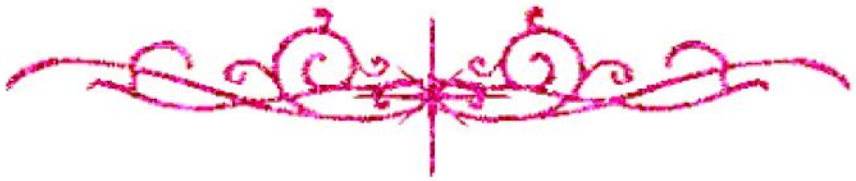
بعض الوثائق الأصلية تالفة



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بالرسالة صفحات

لم ترد بالأصل

HOSSAM MAGHRABY

MANAGEMENT OF CERVICAL SPONDYLOTIC MYELOPATHY BY CENTRAL CORPECTOMY, STRUT GRAFT ARTHRODESIS AND PLATE

B16592

Thesis Submitted for Partial Fulfillment of

The M.D Degree in

Orthopaedic Surgery

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2001

بسم الله الرحمن الرحيم

﴿ قَالُوا سُبْحَانَكَ لاَ عِلْمَ لَنَا
إِلاَّ مَا عَلَّمْتَنَا إِنَّكَ أَنتَ
الْعَلِيمُ الْحَكِيمُ ﴾

صدق الله العظيم

سورة البقرة / الآية {٣٢}

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INTRODUCTION AND AIM OF THE WORK

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The cervical spine and the effect of stenosis on the area has been well studied from the 1950s. Clark and Robinson in 1956 published a review of 120 patients with CSM (CSM). The authors described the clinical manifestation of myelopathy as spasticity and weakness that most often is gradual in onset and occurs at the age of 50 years or older. In 1967, Brain and Wilkinson defined cervical spondylosis as a cause for CSM as progressive degenerative disease involving the joints of Luschka and including osseous spurring and thickening with infolding of the ligamentum flavum lead to compression of the cord. More recently and with the arrival of refined technology, the pathophysiology of cervical myelopathy has been proposed to be multifactorial, the most important conditions being congenital cervical spinal stenosis with progressive cervical spondylosis, direct cord compression, and impairment of the blood supply to the cord. Mechanical factors are also felt to play a significant role. The surgical treatment for CSM has been:

1. The laminectomy at one or more levels.
2. Anterior disectomy and fusion
3. Multilevel corpectomy.
4. Laminoplasty.

(Hamill, 1997).

The **aim of this work** is to evaluate the surgical approach (central corpectomy) in the treatment of cervical spondylotic myelopathy (CSM). An idea will be given about the surgical anatomy of the neck, cervical spine and the pathogenesis of CSM. Much details will be on the management of this disease, concentrating upon the up-to-date diagnostic procedures and the technique of the anterior surgical approach, central corpectomy, graft and fixation by plate.

REVIEW OF LITERATURE