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Anterior Fusion with Corpectomy and Autogenous Iliac Graft for Cervical Kyphosis in Neurofibromatosis -A case report-

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- Abstract -

Scoliosis is the most common deformity of the spine in neurofibromatosis patient, but kyphosis of the cervical spine has rarely been reported. Most authors have reported anterior corpectomy and multilevel interbody grafting & plate osteosynthesis, combined with posterior arthrodesis, as the treatment of cervical kyphosis in neurofibromatosis. A case is presented of a 17-year-old boy with neurofibromatosis who had 52 degrees of dystrophic kyphosis (as measured on radiographs between C3 and C7) of the cervical spine. He was treated successfully by anterior multilevel interbody grafting using an autogenous iliac bone graft. Anterior corpectomy and arthrodesis appears to provide another surgical option with a moderate degree of cervical kyphosis.

Key Words: Neurofibromatosis, Cervical kyphosis, Autogenous graft

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Fig.1. Preoperative radiographs showed dysplastic C3,4,5 body. Cervical kyphosis was 52 degrees in neutral lateral view, 75 degrees in flexion view and 22 degrees in extension view at the level of C3-C7.



Fig. 2. MRI showed kyphosis at C4,5,6 levels with the cord compression by C5 body.



Fig. 3. Postoperative radiographs showed anterior corpectomy of C4,5,6 and anterior fusion using autogenous iliac bone graft with plate from C3-C7. The postoperative kyphosis was 25 degrees.



Fig. 4. The outcome at 3 years of postoperation was good with solid union from C3 to C7 without loss of correction.

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