

Reiter

Cervical Myelopathy due to Ossification of Yellow Ligament in a Patient with Reiter's Syndrome

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– Abstract –

Reiter's syndrome is described as an inflammation of the joints and tendon attachments at the joints, and is often accompanied by an inflammation of the eye's conjunctiva and the mucous membranes, such as those of the mouth, urinary tract, vagina, and penis, and by a distinctive rash. Ossification of the yellow ligament associated with Reiter's syndrome has never been reported. A 41-year old male patient with Reiter's syndrome was admitted to our hospital due to cervical myelopathy caused by ossification of yellow ligament. He was treated with laminectomy and fusion, from C3 to C7, by using a lateral mass screw and plate fixation.

Laminectomy and fusion seems to be an appropriate treatment option for cervical myelopathy due to ossification of yellow ligament.

Key Words : Cervical myelopathy, Ossification of yellow ligament, Reiter's syndrome

Reiter (seronegative spondyloarthropathy) (reactive arthritis) . Reiter 가 .
Reiter⁸⁾ Reiter

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10 *Chlamydia trachomatis*

(Fig. 1).

bamboo spine

(squaring)

(Fig. 2).

Grip and release , Fin-
ger escapes , Babinski ,

4-5
(Fig. 3).

2~3, 3~4, 5~6, 6~7

7 - 1
가
3~4 6~7

T2



Fig. 1. Plain radiographs show joint space narrowing with sclerosis of the knee and the hip joints and show bony ankylosis of the wrist with fusion of the carpal bone.



Fig. 2. Plain radiographs show bony ankylosis of the lumbar spine.



Fig. 3. Flexion and extension lateral radiography of the cervical spine shows ankylosis of C1-2 and C4-5 segments with bony fusion of C4-5 facet joints.

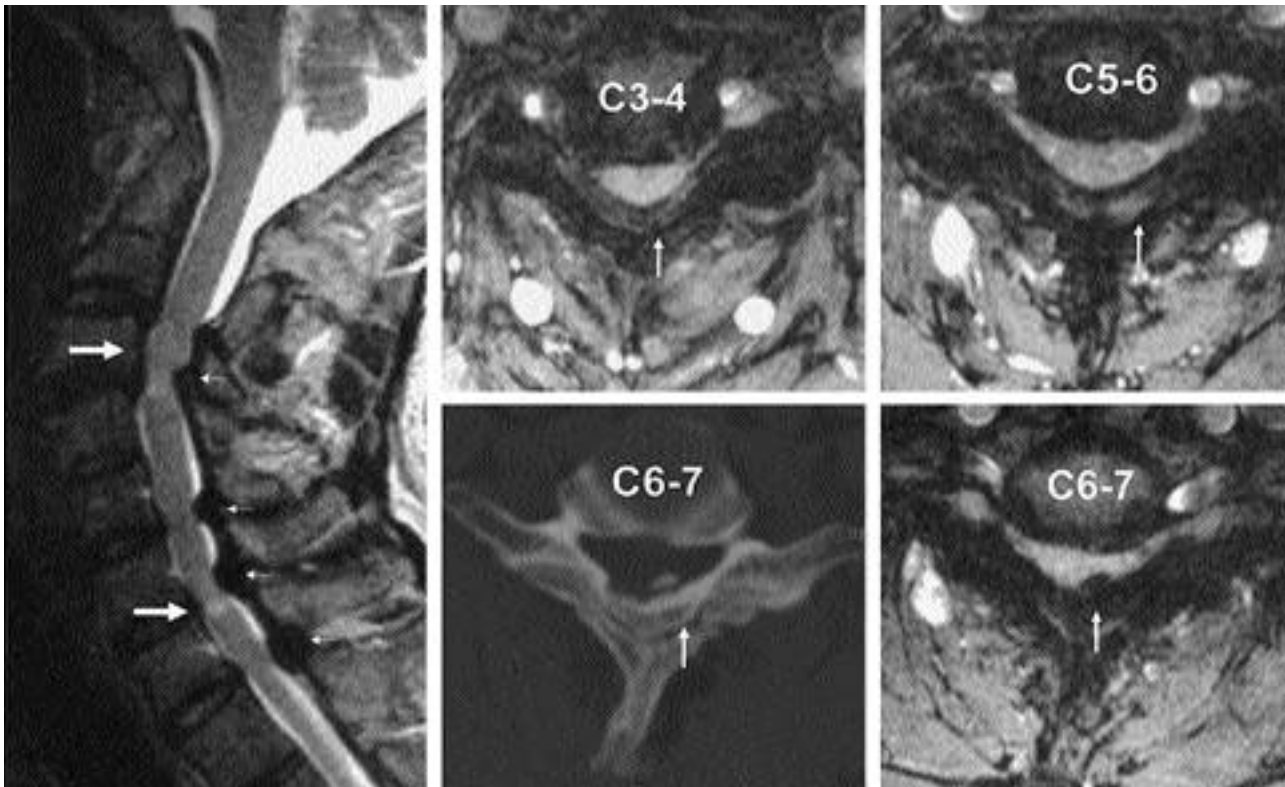


Fig. 4. T2 sagittal MR image shows high signal intensity lesion in the cord (Large arrow) with compression of spinal cord by ossified yellow ligament (small arrow). T2 axial MR image and CT scan show compression of spinal cord by hypertrophied yellow ligament with ossification.

(Fig. 4).

Reiter
(spondyloarthropathy)

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3 3 6



Fig. 5. Postoperative plain radiography of the cervical spine shows good decompression with fusion using lateral mass screws and plate fixation. Black arrow indicates partial preservation of the C7 spinous process.

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Reiter
Reiter
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14)
Reiter
가 가
Chlamydia Ureaplas-
ma
Chlamydia
5,12)
HLA B27
1973 Brewerton 2)
Reiter 60~85%
가
가 90%
Reiter
가
20~30%
sausage toe
가
20~30%
Reiter
3,7,9,10)
10 Chlamydia trachomatis
Reiter
Reiter
(syndesmophyte)
가
(skip lesion)
가
4-5
2 1
1998 Barozzi
(Diffuse Idiopathic
Skeletal Hyperostosis)
1)
1988 Halla 4)
Reiter
Kransdorf 6)
145 Reiter
(3.4%)
1984 Moilanen 8)
5
Reiter

가 2 ,
1 ,
가 1
Reiter
Reiter

가 .

T2

(Fig. 4).

7

1~2

7 - 1

(Fig. 5).

Reiter
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가 가
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Reiter

Reiter

가 .

가

가 가

가 Burr

(floating)

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(Fig. 5).

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Reiter

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41 Reiter

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Reiter

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