

Dysphagia Caused by Ossification of the Cervical Anterior Longitudinal Ligament

Seok Won Kim¹, Hyun-Sook Kim²

*Department of Neurosurgery, Chosun University Hospital¹, Gwangju,
Department of Internal Medicine, Soonchunhyang University Seoul Hospital², Seoul, Korea*

Case Report

Patient: 57-years-old male

Chief complaint: Dysphagia, even to liquid, that has progressed for 5 months

Physical examination: Pain and motion limitation of neck

Past medical history: He did not have a specific history of diabetes, hypertension and trauma.

Radiologic findings: Simple lateral radiography showed ossification of the anterior longitudinal ligament (OALL) at the level of C3-C5 (Figure 1A). Computed tomography images re-

vealed compression of oropharynx and esophagus caused by OALL (Figure 1B, arrows).

Clinical course: He underwent the removal of OALL by anterior approach. After surgery, the ossified mass was removed successfully and the distance between trachea and OALL was increased (Figure 1C, arrowheads). He recovered on full consistency diet 2 weeks after surgery.

Discussion

Osteophytes of cervical vertebrae including OALL are derived

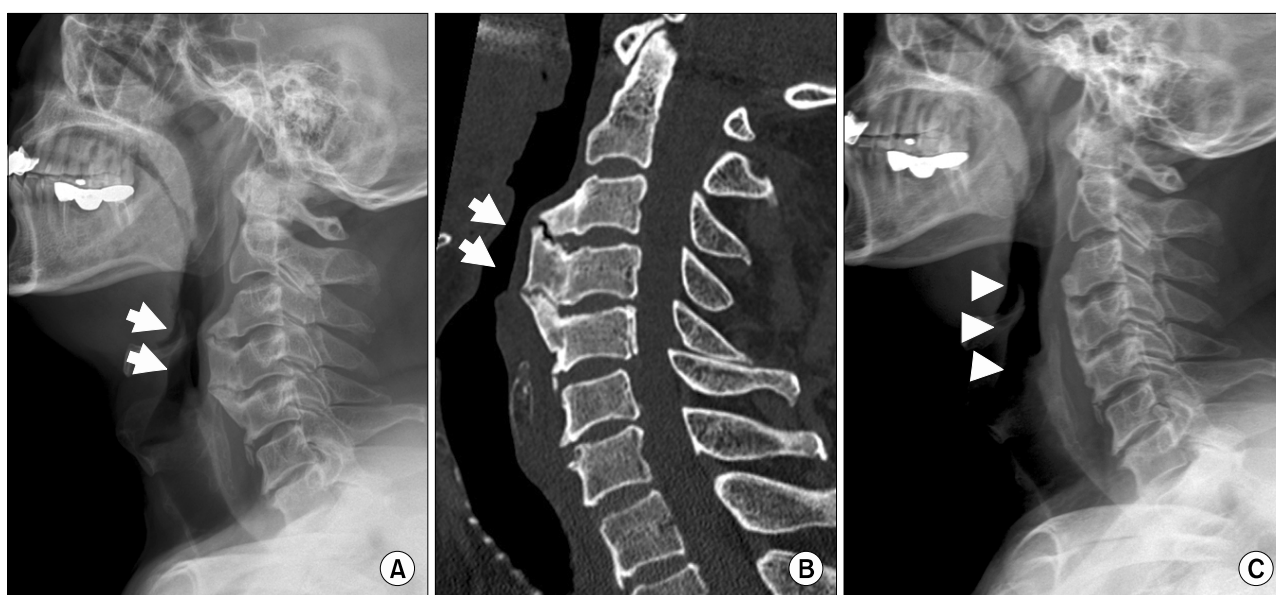


Figure 1. (A) It shows ossification of the anterior longitudinal ligament (OALL) from C3 to C5 (arrows). (B) Cervical computed tomography image shows compression of trachea by OALL (arrows). (C) Postoperative cervical radiograph shows removal of OALL which have compressed the esophagus and trachea (arrow heads).

<Received : April 24, 2013, Accepted : June 20, 2013>

Corresponding to : Hyun-Sook Kim, Division of Rheumatology, Department of Internal Medicine, The Soonchunhyang University Seoul Hospital, 59, Daesagwan-ro, Yongsan-gu, Seoul 140-743, Korea. E-mail : healthyra@schmc.ac.kr

pISSN: 2093-940X, eISSN: 2233-4718

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from degenerative changes usually remain clinically asymptomatic (1). Their incidences are common of the elderly population, but progression to dysphagia is rare. Dysphagia resulted from cervical OALL, although uncommon, is a treatable cause of dysphagia that must be identified (2).

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