Lateral cervical approach is this the twilight zone?

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Disclosure

We don’t have any disclosure and any conflict of interest to declare.
Introduction

The lateral cervical approach was invented by Bernand George in Paris, France. This approach helps us to reach lesions which are located at the level of the foramen magnum, decompression of the cervical spine and vertebral artery pathologies.
A systematic search was performed on PubMed and google scholar without temporal limitation to identify all clinical reports in which lateral cervical approach was cited. The inclusion criteria were broad and included all the following search terminologies ‘‘[(high cervical) OR (high anterior cervical) OR ((anterolateral) Or (lateral approach))]’’. The search was performed in parallel by two co-authors independently.
Results

We found 36 cases which matched our search criteria and only 6 cases which matched our search criteria, which describes this approach and matched our inclusion criteria.
Discussion

The lateral cervical approach is one of the best approaches for resecting ventrally located intradural lesions because it allows minimally invasive surgery. We can see and protection of the accessory nerve, sympathetic chain, and vertebral artery are the keys to success.
Figure 1: showing incision line for the lateral cervical approach.
Summary points

- Lateral cervical approach is a safe approach.
- A detailed knowledge of anatomy is necessary to perform this approach.