Anterior Cervical Osteophyte Resection for Treatment of Dysphagia

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Disclosures

Nothing to disclose
Introduction

• Anterior cervical osteophytes are usually asymptomatic, however when large enough they can cause dysphagia.

• There is currently a paucity of work examining outcomes of anterior cervical osteophyte resection for dysphagia.
Objective

• The purpose of this study was to evaluate a single institutional experience for primary resection of anterior cervical osteophytes as a treatment of dysphagia.
Methods

• Retrospective review identified 19 patients who underwent an anterior cervical osteophyte resection for a diagnosis of dysphagia.
Results

- The mean age was 71 years and follow-up 4.3 years. The most common level was C3-C4 (n = 13, 68.5%).
- Following anterior cervical osteophyte resection, 15 of the 19 patients (79%) had improvement in dysphagia. Five patients underwent cervical fusion in addition to osteophyte resection.
- There were no episodes of instability requiring fusion following the surgery.
Number of Cases

Level of Osteophyte Resection

C2-3  C3-4  C4-5  C5-6  C6-7  C7-T1
Results

• Patients younger than the age of 75 had higher rates of improvement in dysphagia (p=0.0949, OR: 18.8, 95%CI 0.7-478.0)

• Severe dysphagia was associated with increased complications (p=0.0725, OR: 11.27, 95% CI 0.80-158.46).
Conclusion

• Anterior cervical osteophyte resection improves swallowing function in most patients with symptomatic osteophytes.

• Due to the potential complications, patients should undergo thorough multidisciplinary workup of the swallowing function to confirm the anterior cervical osteophytes as the primary cause of dysphagia prior to surgery.
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Questions and discussion