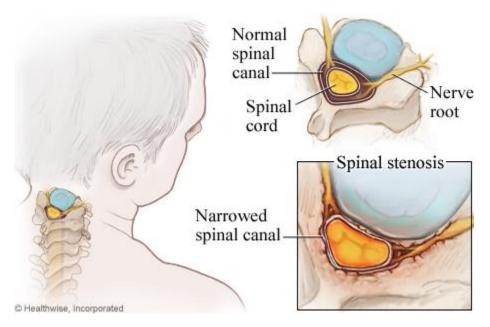
Cervical spinal stenosis:

Cervical spinal stenosis is a common problem seen in clinical practice. Stenosis typically presents in middle-age or the later decades of life and can negatively impact function and quality of life.

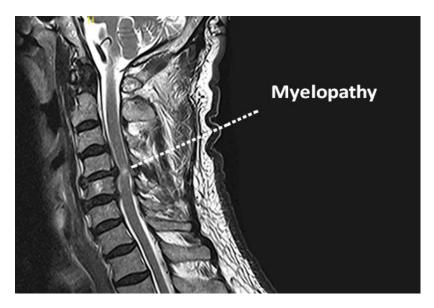
Stenosis is a term that means, "narrowing." In this case, narrowing of the cervical spinal canal and/or narrowing of the holes on the sides of the spine called the neuroforamen. As the spine ages different anatomic structures in the spine begin to show signs of aging. This may include degeneration of the cervical discs (loss of height, bulging, herniations), boney spurs from the endplates (osteophytes), arthritic changes of the facet joints, thickening of the ligaments, and abnormal alignment of the vertebral bodies (spondylolisthesis).



As the central spinal canal narrows the spinal cord is at risk of becoming compressed. If there is severe narrowing of the cervical spinal canal the cervical spinal cord begins to show signs of injury. This is called, "cervical myelopathy (see MRI pic below)." It is critical for clinicians to catch this when examining you and looking at your spinal imaging. Symptoms of cervical myelopathy include:

- Generalized tingling in the hands and feet
- Occasionally pain, numbness and tingling in the arms
- Loss of dexterity in the hands (difficulty buttoning shirts, putting on a tie or performing other fine motor tasks).
- A feeling of clumsiness and loss of balance (occasionally leading to falls)
- Abnormal changes in bladder function leading to incontinence.

Cervical myelopathy always deserves a surgical opinion as continued damage to the spinal cord can be permanent if left untreated.



If one or more of the cervical nerve roots becomes compressed because of stenosis in the neural foramen patients will develop pain in the distribution of that nerve called, "cervical radiculopathy (see pic below)." Symptoms may include:

- Sharp, burning, or electric-like pain in the arm and shoulder blade
- Numbness, tingling
- Weakness in the arm or hand

Treatment of cervical radiculopathy typically includes rest, anti-inflammatories (NSAIDs), oral steroids (prednisone), analgesics (Tylenol), nerve pain medications (gabapentin, Lyrica, Cymbalta), chiropractic, physical therapy, and home exercise. If symptoms are severe a spinal injection called a cervical epidural steroid injection may be offered to better control pain and improve function. Surgical management is indicated when pain is intolerable despite conservative treatments or if there is progression of weakness and sensory loss in the arm.

