

Treating Cervical Spondylosis in Cerebral Palsy: A Pain Management Puzzle

👤 Shreya N. Patel, DO (Presenting Author)
👤 James C. Pendleton, MD

INTRODUCTION

- **Cervical spondylosis** can cause significant pain and disability, especially in patients with pre-existing conditions like **Cerebral Palsy (CP)**
- Managing cervical spondylosis in spastic quadriplegic CP patients is challenging, due to **increased muscle tone, positioning difficulties, and altered anatomy.**
- This case **demonstrates** the importance of **physician adaptability** and **anatomical knowledge** in performing pain management procedures tailored to complex patients

METHODS

- **Patient:** 53 year old Female with spastic quadriplegic CP and prior C5-7 anterior cervical discectomy and fusion (ACDF) presenting with worsening right sided cervical pain
- **Procedure Adjustments:** Performed right C3-6 medial branch blocks (MBB) and radiofrequency ablation (RFA) in left lateral decubitus position due to patient's inability to lie prone
 - **Pre-Treatment** with Diazepam 5mg to minimize spasticity and gentle traction to RUE
- **Imaging Modifications:** Adjusted radiographic views to accommodate ACDF hardware and limited neck extension

RESULTS

- Two MBB followed by RFA provided > 80% pain relief, lasting 8 months
- Patient experienced improved head and neck control for her powered wheelchair
- Enhanced overall mobility, independence, and quality of life
- Successful outcomes highlight the significance of a **flexible, patient-centered approach** in managing cervical spondylosis in complex CP cases

Adapting techniques with **anatomical expertise and flexibility** enabled effective pain relief in a complex CP patient, highlighting the need for individualized treatment approaches.



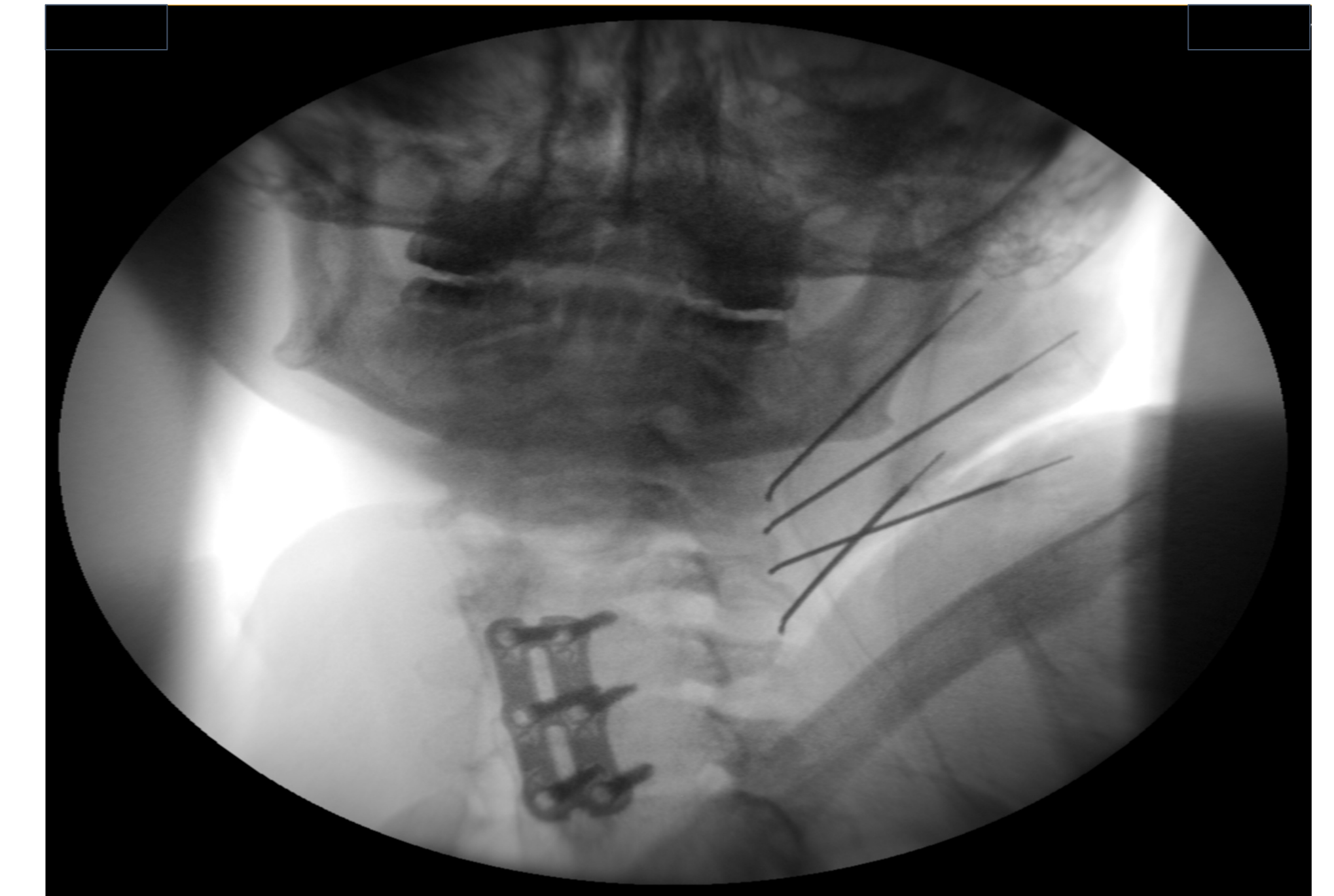
To download the **full abstract**



Legend:

In left lateral decubitus position, fluoroscopy was aligned parallel to the table for a lateral view that mimicked an AP view.

The right shoulder position required an oblique angle for the C6 probe, as shown in the image below



Lateral, from AP Fluoro Positioning with RFA

