Restoring Function After 25 Years: Revision Endoscopic Cervical Decompression Following Failed Posterior Cervical Surgery

Wayne Sterr D.O. & Sanjeev Kumar M.D. .
Halifax Health and The University of Florida – Pain Management Fellowship
Daytona Beach, FL

CASE HISTORY

A 54-year-old female with a history of C3–4 posterior laminectomy and foraminotomy presented with persistent neck pain and left-sided cervical radiculopathy present for 25 years following surgery. Her postoperative course was marked by chronic pain requiring a peak opioid daily dose exceeding **600 MME**. Other symptoms that she experienced
included chronic dysphagia left-sided ear and jaw pain and migraines. She was unable to rotate her neck to the left, elevate her left arm overhead, or look down.

TREATMENT

Twenty-five years after her initial C3–4 laminectomy and foraminotomy, the patient underwent revision **endoscopic left C3–4 decompression** consisting of an **interlaminar laminotomy, medial facetectomy, and foraminotomy.**

RESULTS

Following surgery, the patient reported **significant improvement in neck pain** and left upper extremity radicular symptoms, resulting in substantial gains in function and quality of life. She **regained the ability to perform activities of daily living** that had been impossible for **decades**, including **elevating her left arm above her head**, placing her left hand behind her back, turning her head to the left, and looking downward without limitation. Her **chronic dysphagia resolved** completely, eliminating the need for ongoing speech pathology. In addition, her previously persistent **left-sided ear and jaw pain resolved**, and she experienced a marked reduction in migraine frequency and severity. These improvements were accompanied by restoration of cervical range of motion and upper extremity mobility, allowing her to resume routine daily activities with significantly less pain and disability. **Overall, the patient experienced dramatic neurological and functional recovery following revision endoscopic cervical decompression after 25 years of persistent symptoms.**

RESOURCES

Minnesota Spine Institute

- https://minnesotaspineinstitute.com/conditions/foraminal-stenosis/need-know-foraminal-stenosis/



IMAGING



FORAMINAL STENOSIS

DISCUSSION

While improvement in radicular pain and upper extremity function would be expected following C4 nerve root decompression, the **resolution of dysphagia, cervicogenic otalgia, jaw pain, and significant improvement in migraine symptoms is less commonly reported.** These findings may reflect relief of **chronic cervical nociceptive input, restoration of cervical biomechanics**, and interruption of referred pain pathways mediated through the cervical plexus and trigeminocervical complex.