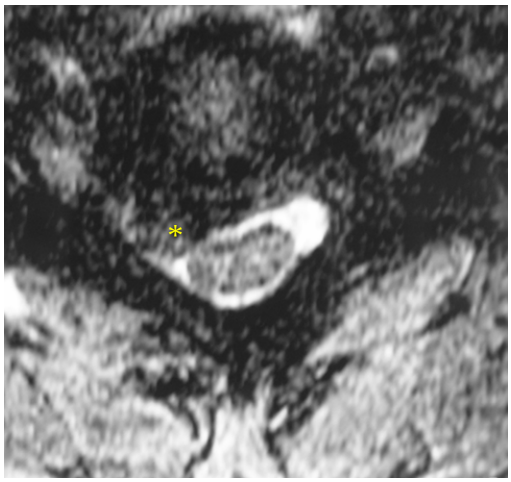
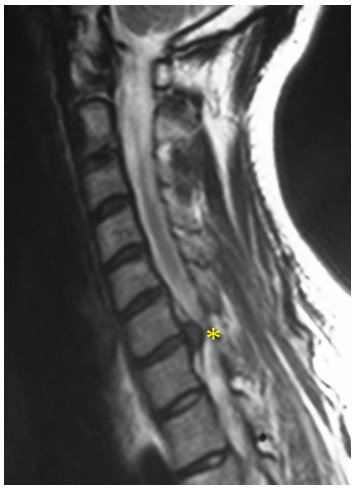
Prolapsed cervical disc

The term prolapsed disc is synonymous with ‘slipped disc’ and refers to the material in the middle of a cervical disc coming out and then this may press on a nerve. It often occurs on the background of an abnormal or degenerate disc which has a small tear (annular tear) in the outer lining. Sometimes this tear causes neck pain and patients sometimes describe neck pain first before the limb pain (brachalgia) starts.





- Figures showing right sided cervical disc prolapse (marked with *)

History

Often there is no traumatic event and the prolapse occurs spontaneously. There may have been a history of intermittent neck and arm pain over a period of months or years or the sufferer may have been entirely asymptomatic. Pain often starts in the neck area and radiates into the shoulder and then into the area supplied by the nerve being pressed upon (dermatome – see arm pain sheet). Normally, the disc prolapse affects one nerve root as it goes into the arm, but if it is a big disc prolapse and more central it may cause symptoms in the lower limbs and should be treated urgently.

Examination

In acute prolapse, examination is often limited due to pain. Classically, the patient will have a tilted neck as an attempt is made to take the pressure off the affected nerve. Special tests can be done to see if the nerve is inflamed and a neurological assessment should be made testing for numbness and weakness. Reflex testing also helps – although it should be noted that some patients often do not have detectable reflexes and are normal and others never regain the reflex having lost it and are entirely asymptomatic.

Investigation

MRI will be arranged if indicated to confirm the diagnosis. Sometimes an xray may be indicated and in patients where an MRI is not possible CT can be done although the pictures are often not as detailed but give extra information if a bony spur as well as a disc prolapse is suspected.

Treatment

Fortunately, the vast majority of prolapsed cervical discs become asymptomatic by 2-3 months without any treatment at all. Sometimes benefit may be gained form manual therapy or a nerve root block to numb the pain while the situation resolves itself. Decompression of the nerve root is indicated when there is:

1. Significant symptomatic pressure on the spinal cord itself
2. A symptomatic neurological deficit e.g. weakness
3. Severe pain not responding to non-operative measures (<6 weeks)
4. Pain that is still interfering with day to day life after 6-8 weeks.

Usually, this is done via an anterior cervical discectomy and decompression, although sometimes a posterior foraminotomy may be done.

Surgery can be of great benefit in the long term as well as the short term although a short period of non-operative measures should be pursued in most. The key is to consider surgery early if these fail and not to remain in pain for prolonged periods of time when chronic pain becomes a problem and surgery is less effective.