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Atlantoaxial Instability due to Tumoral Lesions: A Clinical and Surgical challenge

Pelayo Hevia Rodriguez, Alejandro Elua Pinín, Patricia Moreno Moya, Irati de Goni, Nicolas Sampron and Enrique Urculo

Hospital Universitario Donostia, Spain

Managing C1–C2 instability is very challenging, specifically when tumoral lesions are involved. Tumors of atlantoaxial spine are rare and often associated with high morbidity. Multidisciplinary approach treatments are needed, with a whole surgical resection if it is possible. Atlantoaxial instability is a potentially devastating sequela of tumor invasion and surgery. Factors like osteoporosis due to intensive corticosteroid therapy and insufficient osseoligamentous development in children could be present. Internal fixation in this region is technically challenging

given the small working channels and the proximity of neurovascular structures to the bony elements. Clinically relevant techniques all utilize a combination of screws, hooks, rods, or wires. The C1 lateral mass/C2 pars screw fixation construct is considered the more robust constructs in this region but is not always possible. Personalized 3D-Printed Vertebral Body reconstruction is an innovative technique. Perform a surgical resection and fixation preserving as mobility and quality life as possible is a real challenge for the surgeon.

e: pelahevia@gmail.com