

## Ossification of the Posterior Longitudinal Ligament

ROBERT H. ANDRES, MD; RALPH BINGGELI, MD, Department of Neurosurgery, University of Berne, Inselspital, Freiburgstrasse 10, CH-3010 Berne, Switzerland. Address reprint requests to Dr. Andres. E-mail: robert.andres@neurochirurgie-berne.ch

A 55-year-old woman with chronic right-side cervicobrachialgia presented with progressive gait disturbance of 2 months' duration. Neurological examination revealed mild paresis of the right biceps muscle, hypesthesia in the C6 and C7 dermatomes, severe gait ataxia, and bilateral pyramidal tract signs. Magnetic resonance imaging (MRI) of the cervical spine showed an impressive spinal canal stenosis at C3–C6 with spinal cord compression due to extensive ossification of the posterior longitudinal ligament (OPLL; Figure 1, arrowheads). She underwent decompression by C3–C6 laminectomy and recovered well from the myelopathic symptoms; however, the radiculopathic pain improved only moderately.

OPLL is an endemic cause of cervical myelopathy in East Asian countries, although the condition is also common in other parts of the world<sup>1</sup>. Its prevalence is higher in patients with diffuse idiopathic skeletal hyperostosis, ankylosing spondylitis, and spondyloarthropathies<sup>1,2</sup>, and genetic factors related to the HLA complex have been reported to be involved in pathogenesis<sup>3</sup>. Surgical treatment should be considered in case of compressive radiculomyelopathy and progressive neurological deficits<sup>4</sup>, since the natural course of OPLL in these cases has an unfavorable prognosis<sup>5</sup>.

### REFERENCES

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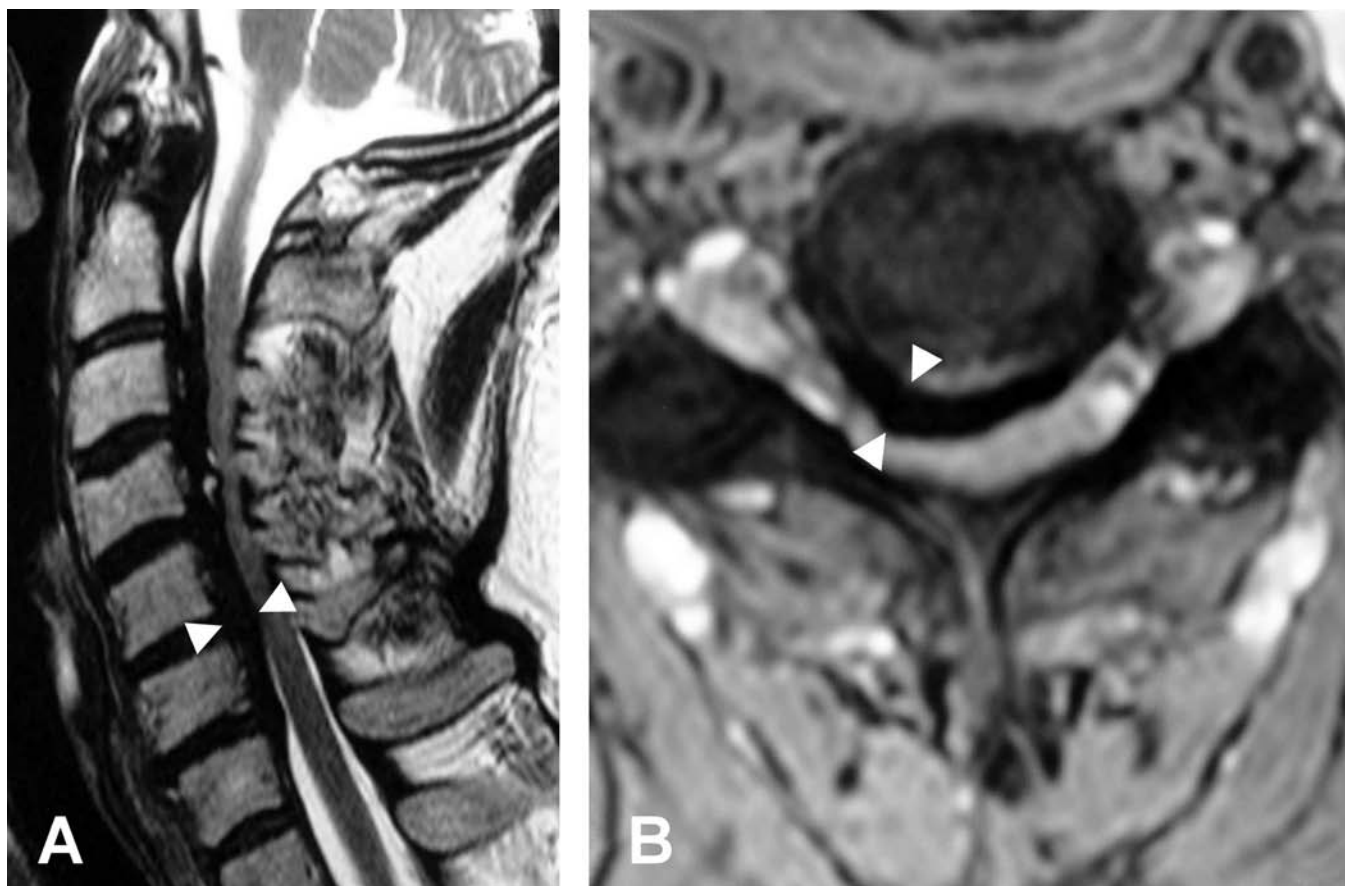


Figure 1. Sagittal (A) and axial (B) T2-weighted MRI reveals marked ossification of the posterior longitudinal ligament (arrowheads), resulting in severe cervical spinal canal stenosis with compression of the spinal cord.

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