**Title:**

Illustrative Case Series of the Degenerative Cervical Myelopathy: Dilemmas in Surgical Management

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***Objective*:** There is no clear consensus among neurosurgeons on when to offer surgical decompression for asymptomatic or mildly symptomatic patients with degenerative cervical myelopathy. We reviewed the case history of 3 patients to illustrate the complications attributable to such ambiguity.

***Method:*** A retrospective case review of 3 patients evaluated and managed at the Specialist Outpatient Department of PYNEH for degenerative cervical myelopathy/stenosis. Medical record was analyzed.

***Result:***

Case1: 58 year-old man with symptomatic central cord syndrome deferred surgery for over 20 years progressed from gainfully employment to wheelchair bound.

Case 2. 68 year-old woman, with undiagnosed cervical stenosis became quadriparetic after a fall, underwent surgical decompression with spinal reconstruction.

Case 3. Minimally symptomatic active 64 year-old man with severe C3/4 stenosis.

***Conclusion:***

The incidence of fall amongst the elderly population is high in Hong Kong with devastating personal suffering and society cost. Silent cervical myelopathy is prevalent in the elderly. The symptoms of slowly progressive degenerative spinal canal stenosis are typically subtle and often dismissed by those afflicted until a precipitous injury causing quadri-paresis or -plegia. These narratives support the proposal that vigilant monitoring for signs, symptoms, and structural defects of cervical cord dysfunction is important to diagnose silent or subclinical myelopathy among the aged. Better disseminated information about this condition’s natural history and treatment options should enhance patient health and wellbeing.