

OSSIFICATION OF THE FLAVUM LIGAMENT

GABRIEL MIURA¹, DEBORAH D. COELHO MARRA¹, MÁRCIO L. DUARTE²

¹Faculdade de Ciências Médicas de Santos, Santos-SP,

²Universidade de Ribeirão Preto, Campus Guarujá, Guarujá-SP, Brazil

E-mail: marcioluisduarte@gmail.com

A 58-year-old man has had back pain for ten years. He mentions significant limitations of movement using walking sticks in addition to numbness in the feet and tremors in the hands. He referred back surgery nine years ago. Physical examination presents patellar hyperreflexia. MRI of the thoracic spine demonstrates hypertrophy of the flavum ligament at multiple levels, reducing the central canal amplitude, causing compressive myelopathy at T8-T9 and T10-T11, suggesting ossification of the flavum ligament (OFL) (Fig. 1). CT scan confirmed the MRI diagnosis and showed the “comma sign”, encompassing more than two-thirds of the dura mater, indicating dura mater partially ossified (Fig. 2). The patient underwent

surgery for medullary decompression with posterior laminectomy and excision of the ossified portions of the flavum ligament and dura mater, followed by physiotherapy, showing improvement in symptoms.

OFL has a higher prevalence in eastern Asian countries - prevalence in Southern China is 3.8%-. It is a pathology whose main consequence is thoracic myelopathy, that is, thoracic spinal canal stenosis, with compression of the entire spinal cord - predilection for T9-T12-. Conservative treatment proved to be ineffective. Therapeutic choice is surgery through laminoplasty and laminectomy. However, the improvement of symptoms after surgery isn't complete.

Figure 1 |

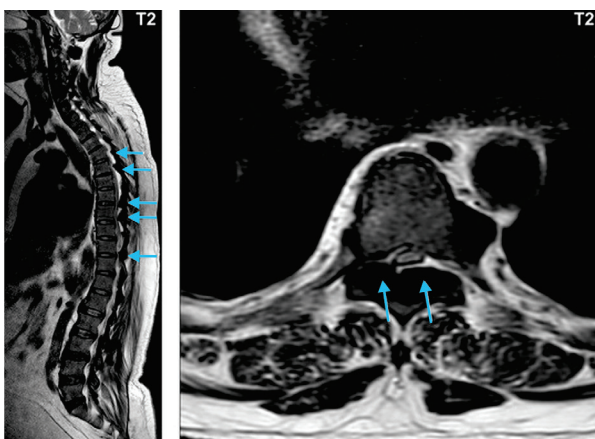


Figure 2 |

