KYOCERA Medical Technologies, Inc.

ReBOSSIS®

Case Study 1

Not approved by the FDA for the above indication.

PATIENT PROFILE

History of Present Illness: This 54-year-old woman had a history of neck pain of 8 months' duration. The pain was refractory to conservative treatment, including analgesics, anti-inflammatory medications, and physical therapy. She rated her pain as a 10/10 on the Visual Analog Scale in spite of conservative treatment, and noted that any type of activity aggravated her neck pain. She had bilateral numbness in her hands.

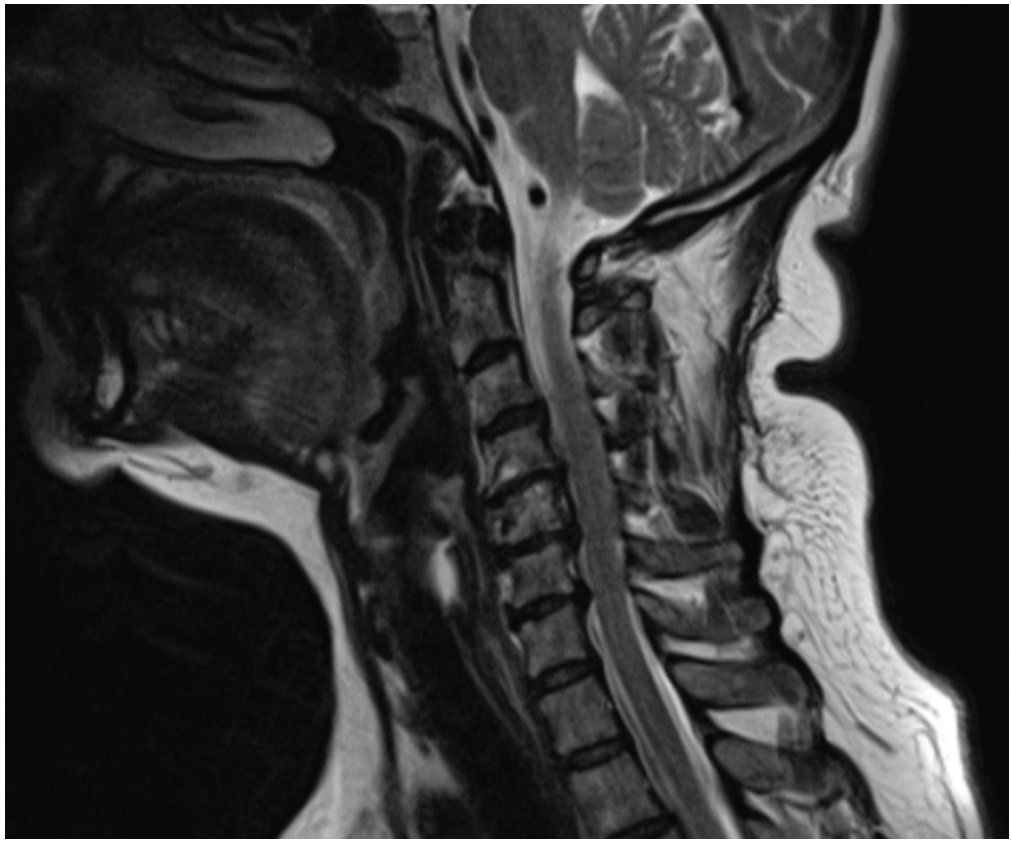

Figure 1. Preoperative MRI

Physical Examination: Her physical examination confirmed moderate to severe restriction in cervical spine range of motion, limited by pain. She had diminished biceps and triceps reflexes bilaterally, as well as decreased sensation in a C6-7 distribution bilaterally.

Review of Diagnostic Studies: A previous MRI showed evidence of loss of cervical lordosis, central disc herniation at C3-4, moderate cervical spondylosis and stenosis at C4-5, mild cervical stenosis at C5-6, and a disc osteophyte complex at C6-7 with bilateral foraminal narrowing (Figure 1).

TREATMENT

Because of the above history and physical and imaging findings, she underwent a C4-5, C5-6, and C6-7 anterior microdiscectomy and interbody fusion using PEEK interbody spacers, ReBOSSIS® Bone Substitute, and Globus Unify® titanium plate system under fluoroscopic guidance.

POSTOPERATIVE COURSE

Her first follow-up 6 weeks after surgery showed improvement in her pain from a initial 10/10 to a 5/10, with evidence of robust bone growth at this early point in her postoperative course (Figure 2).

She will continue to be followed in our clinic.

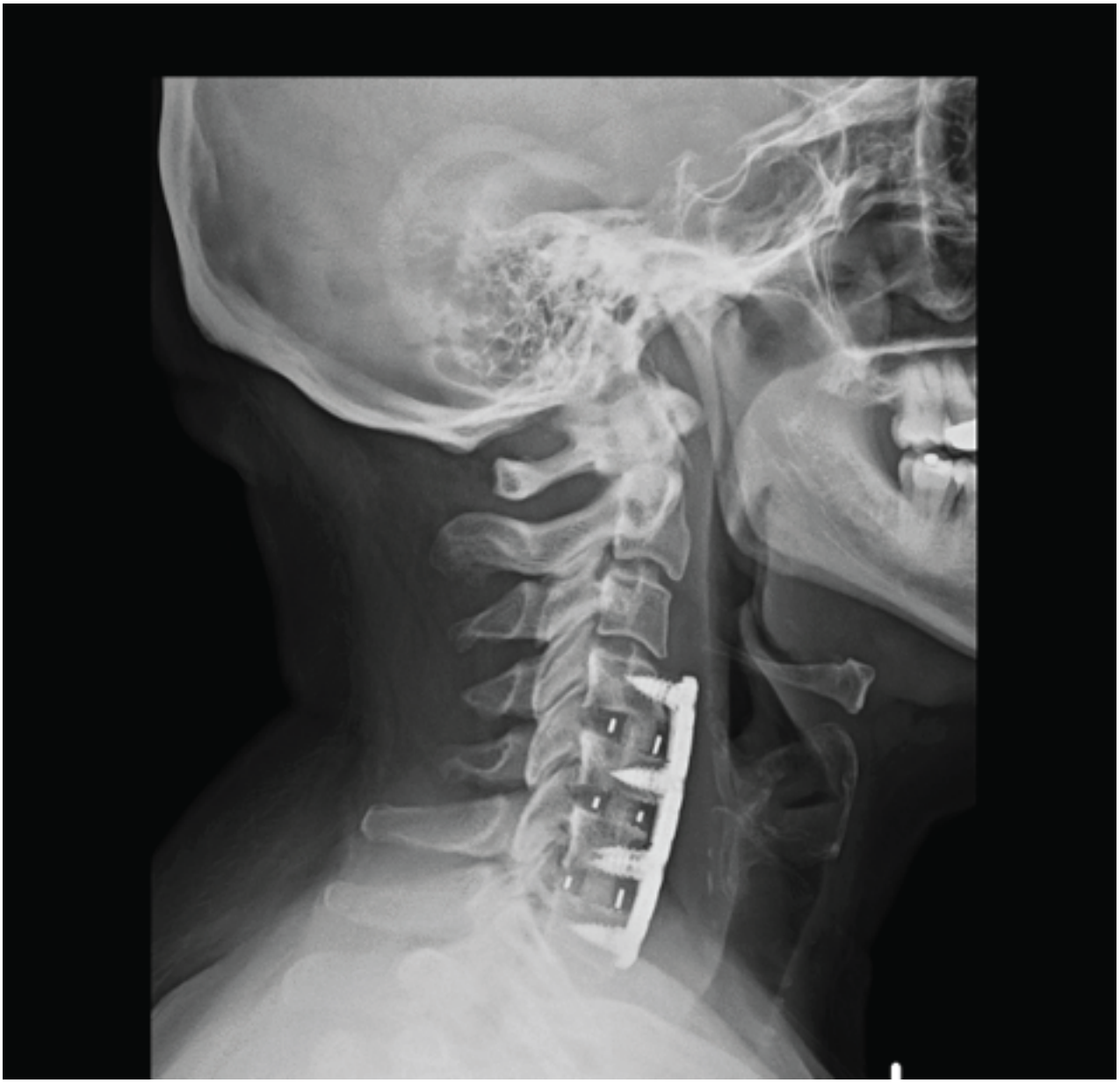

Figure 2. Postoperative radiograph

SURGEON PROFILE

Loubert S. Suddaby, M.D.
Neurological Surgery
Orchard Park, NY

KYOCERA

KYOCERA Medical Technologies, Inc.
1200 California Street, Ste 210, Redlands, CA 92374
Tel: (909) 557-2360 Fax: (909) 839-6269
www.kyocera-medical.com