

Cervical spine - Posterior Element

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Disclosures

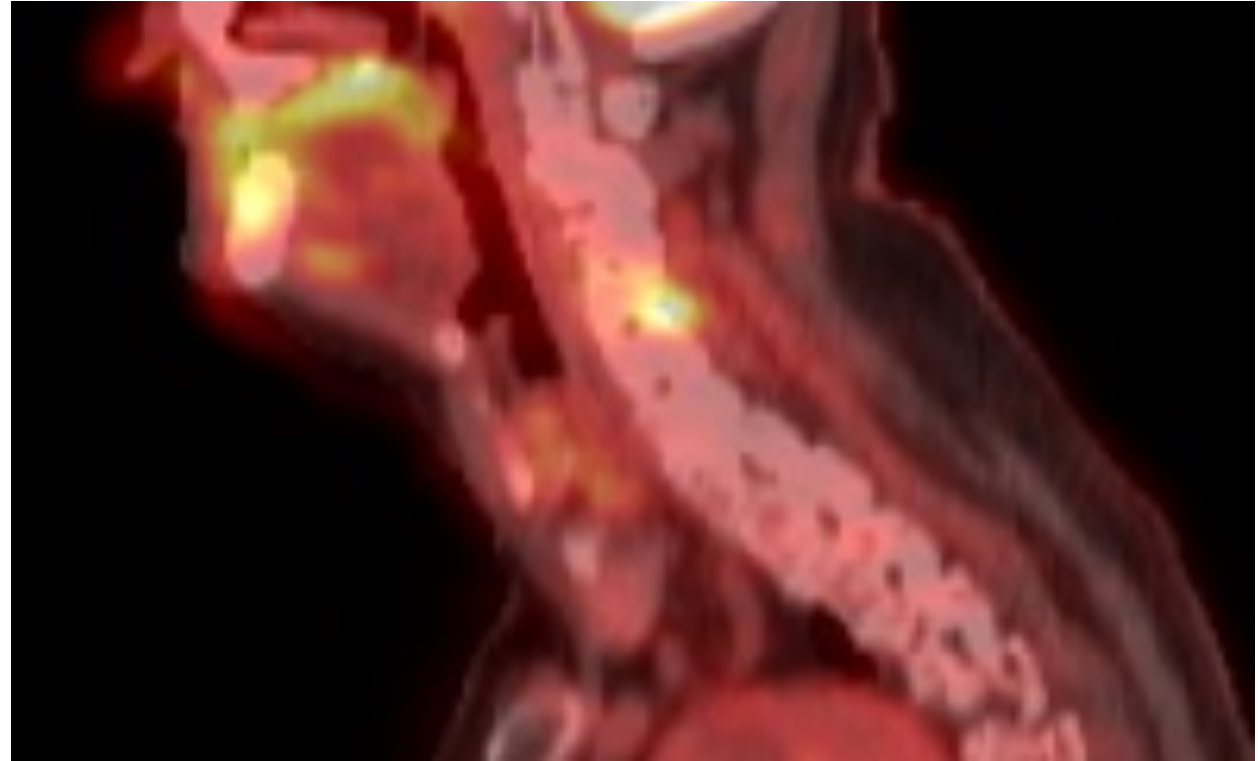
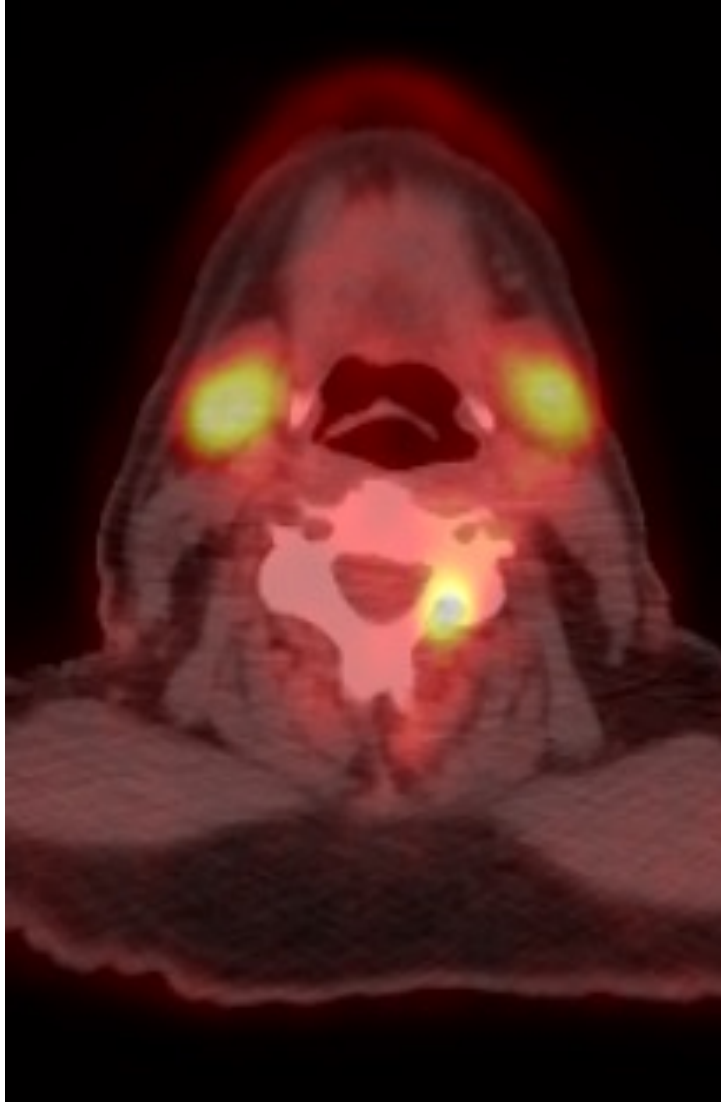
Brian Schiro: Speakers' Bureau – Penumbra, Inc., Medtronic, Philips Medical

*Brand names are included in this presentation for participant clarification purposes only.
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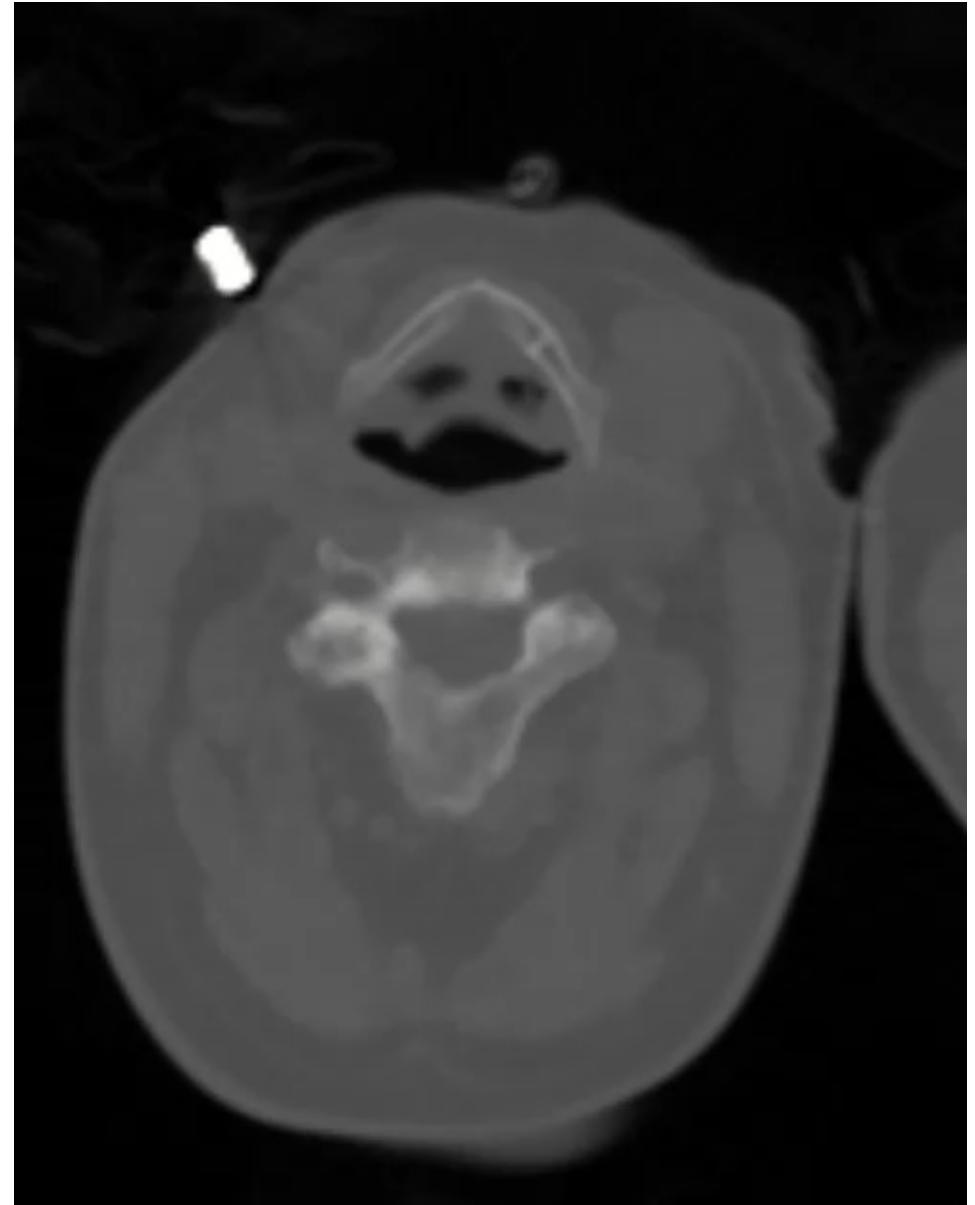
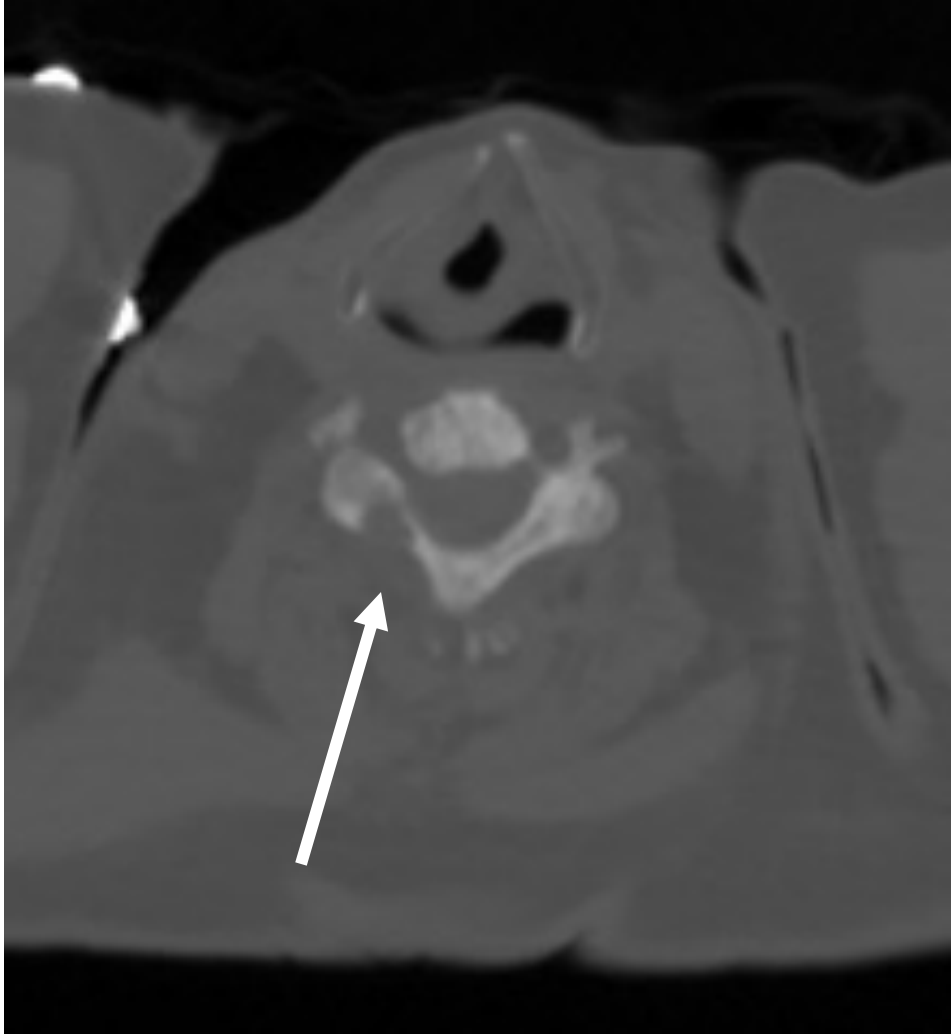
Case

- 69-year-old male with neck pain. Subsequent workup from MRI of the cervical spine identified a 4.1 x 2.6 cm retropharyngeal mass centered at the C3 vertebra causing osseous destruction.
- Patient underwent a left cervical mass biopsy followed by left neck exploration, level lymph node dissection, and biopsy of prevertebral tumor that was positive for poorly differentiated carcinoma
- He underwent radiation to C1-C6 and immunotherapy
- On surveillance PET/CT 5 months later, residual FDG uptake involving the C4 vertebral body that was consistent with residual disease.

PET/CT



CT

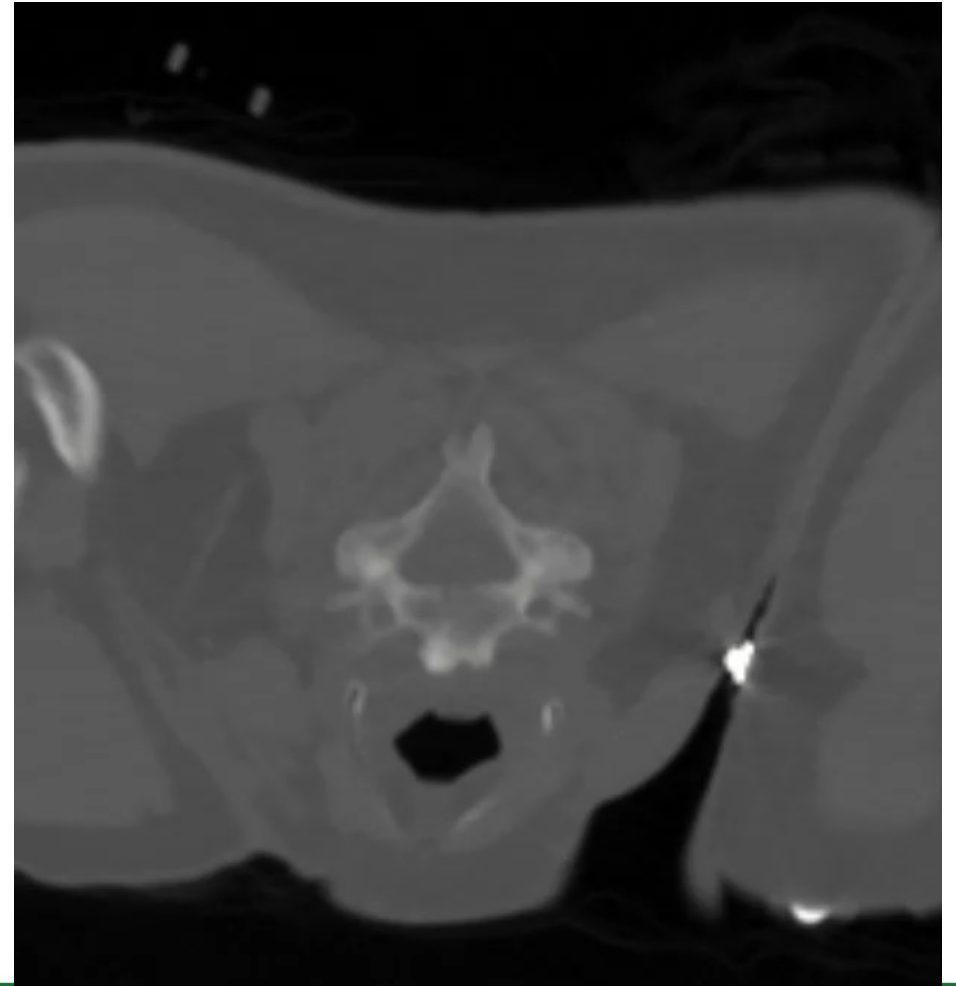
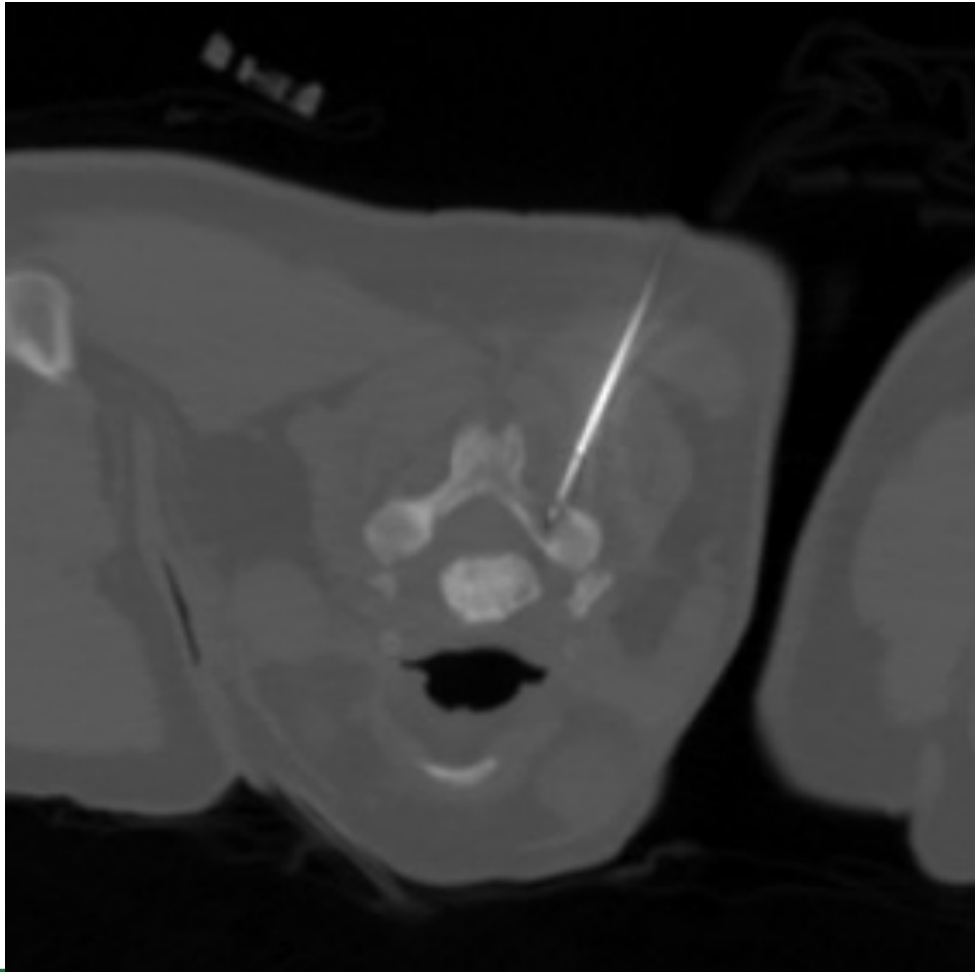


Decisions

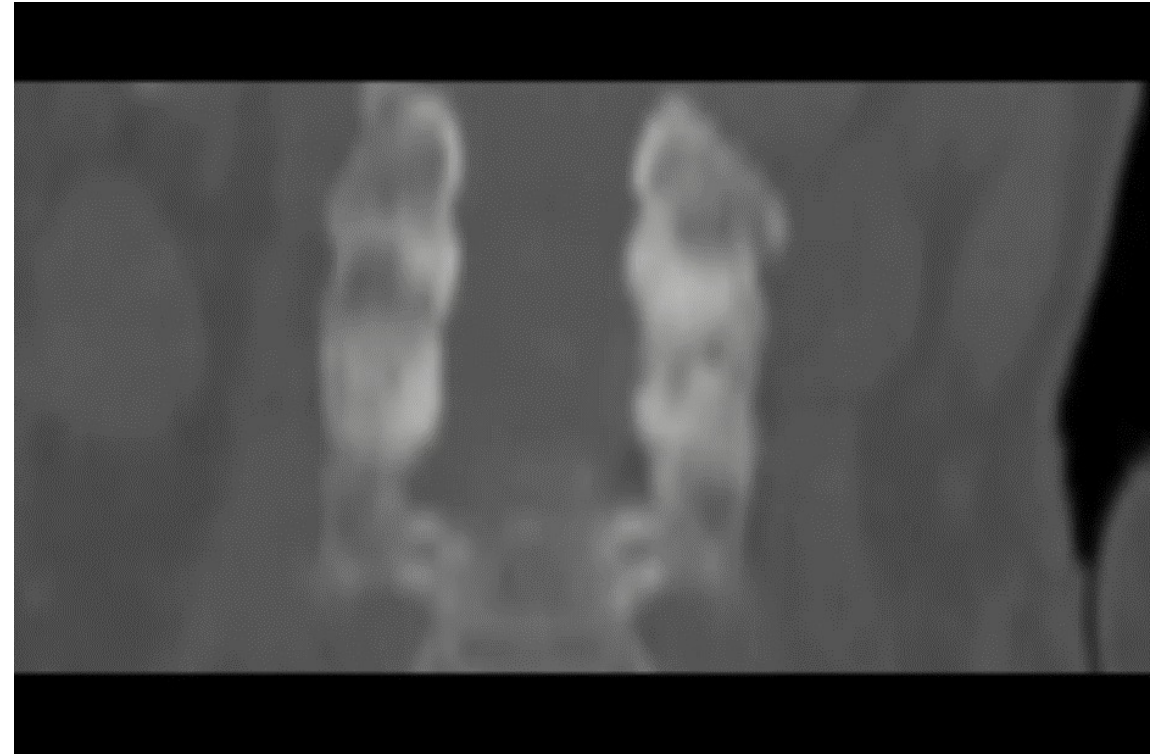
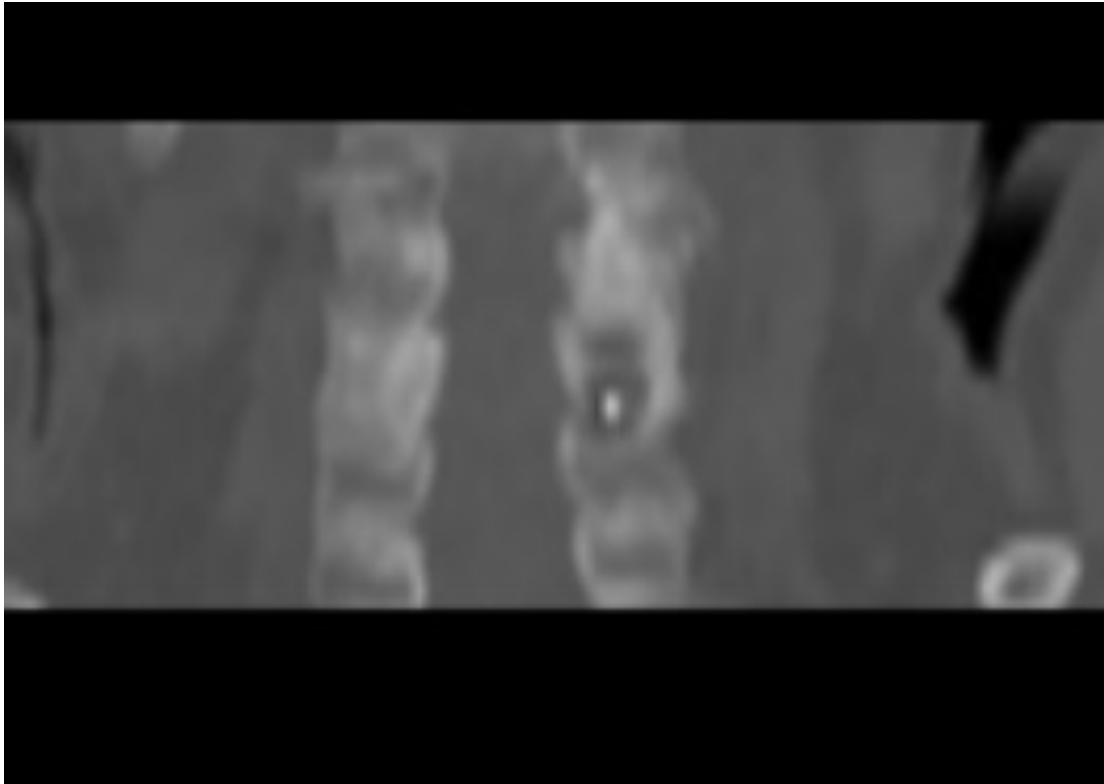
- What are the goals and expectations?
 - Single site of disease
- What are the major risks?
 - Spinal cord injury
 - Incomplete treatment
- What technology/approach?
 - Ablation/surgery/SRS
 - Anesthesia/sedation
- Key technical & clinical considerations
 - Spinal cord protection



Cryoablation



Cryoablation



6 Month Follow Up PET/CT

