

Madigan Army Medical Center Referral Guidelines

Cervical Spinal Stenosis

Diagnosis/Definition:

Cervical spinal stenosis is a narrowing of the cervical spinal canal, lateral recesses, or foramina.

Initial Diagnosis and Management

Symptoms from cervical spinal stenosis include cervical spine pain, cervical radiculopathy, Lhermitte's sign¹, and cervical myelopathy. Remember that the central cord syndrome occurs with trauma.

- The differential diagnosis includes:
 - Congenital and developmental
 - Expansive disorders of bone: Paget's, metastases, primary bone tumors
 - Cysts: as neural cysts, synovial cysts, and tumor cysts.
 - Infections, including epidural abscess
 - Discogenic: degenerative or traumatic
 - Ossification disorders: ossification of the posterior longitudinal ligament, ossification of the ligamentum flavum, DISH, ankylosing spondylitis
 - Spondylitic and arthritic: rheumatoid arthritis, spondylosis
 - Spondylolisthesis, degenerative or post-traumatic
 - Fractures

- Initial management includes
 - History and physical examination
 - Plain cervical spine radiographs

If there are abnormal neurologic findings on examination or substantive problems on plain spine imaging, then an MRI should be obtained. If there is a suspicion of tumor or infection on history, exam, or radiographs, then the MRI should be without and with contrast.

Ongoing Management and Objectives

For degenerative disc disease and cervical spondylosis, anti-inflammatory drugs (if there is no contraindication) and physical therapy are first-line therapies. Analgesics may be used with discretion. The objective is to regain function for home/family and work without the need for chronic analgesics or chronic anti-inflammatory drugs.

Indications for Specialty care

Please refer for specialty evaluation if there is any indicator on examination of myelopathy, including central cord syndrome. Please refer for specialty evaluation if there are abnormal neurologic findings on exam (new and referable to the abnormality at issue), Lhermitte's sign, fracture, cyst, or tumor. If there is radicular pain in the absence of abnormal exam findings, then aggressive conservative management should be completed for at least 4 weeks prior to specialty referral.

Criteria for Return to Primary Care

If surgery is not indicated and conservative therapy may be followed at the primary care level. If surgery and post-operative stabilization have been completed.

References:

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Radiologic Criteria for the Diagnosis of Spinal Stenosis: Results of a Delphi Survey.

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Lebl DR, Hughes A, Cammisa FP Jr, O'Leary PF.

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Maus TP.

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Cervical spinal stenosis and sports-related cervical cord neurapraxia.

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Footnotes:

1. Lhermitte's Sign – A tingling or electric sensation down the back and upper and lower limbs upon flexing and extending the neck.

Last Review for this Guideline: **November 2012**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator.