

Diffuse Idiopathic Skeletal Hyperostosis (DISH) and Acute Cervical Spinal Cord Injury: Is There a Need for Surgical Intervention?

Gazanfar Rahmathulla¹, Kelly Gassie², Ryan Pafford³, Jay Nagel³, Kourosh Tavanaiepour⁴, Daryoush Tavanaiepour⁵

1. Neurological Surgery, University of Florida College of Medicine, Jacksonville, USA 2. Neurosurgery, Mayo Clinic, Jacksonville, USA 3. Neurological Surgery, University of Florida College of Medicine – Jacksonville, Jacksonville, USA 4. Neurosurgery, University of Florida College of Medicine, Jacksonville, USA 5. Neurosurgery, University of Florida Health, Jacksonville, USA

Corresponding author: Gazanfar Rahmathulla, gazanfar.rahmathulla@jax.ufl.edu

Categories: Physical Medicine & Rehabilitation, Neurosurgery, Trauma
Keywords: dish fracture, surgical and clinical management

How to cite this abstract

Rahmathulla G, Gassie K, Pafford R, et al. (July 25, 2021) Diffuse Idiopathic Skeletal Hyperostosis (DISH) and Acute Cervical Spinal Cord Injury: Is There a Need for Surgical Intervention?. Cureus 13(7): a575

Abstract

Introduction: Diffuse idiopathic skeletal hyperostosis (DISH), is characterized by the ossification of the entheses (i.e., enthesopathy). It is a known clinical entity that is often asymptomatic. DISH reduces flexibility of the spine, predisposing patients to higher morbidity and mortality from trivial traumatic events. There is an increased risk of developing spinal cord injury and patients present with variable neurological findings.

Material & Methods: Literature review identifying 29 relevant articles to DISH and cervical spine fractures and spinal cord injuries. Majority of studies were case reports or retrospective case series comprising less than 10 patients with no definitive guidelines to enable decision making amongst surgeons for this group of elderly patients.

Results: We discuss our experience and relevant literature and outcomes, radiological findings of relevance and identifying and discussing risk to optimize outcomes. Paucity of evidence in regards to best practices results in surgeons having no criteria to direct medical versus surgical management. We present representative cases with DISH and as we see a greater number of ageing patients in our practice with DISH, we stress the need for an aggressive surgical management strategy.

Conclusion: As our patient population ages, we are seeing more acute cervical spine fractures in patients with DISH. These patients represent unique spinal injuries usually from low impact trauma. Surgical indications are largely based on SLIC score, surgeon's preference and experience with all types of cervical spine fractures. Surgical intervention can result in good outcomes in carefully selected patients

Open Access

Abstract

Published 07/25/2021

Copyright

© Copyright 2021

Rahmathulla et al. This is an open access abstract distributed under the terms of the Creative Commons Attribution License CC-BY 4.0., which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Distributed under

Creative Commons CC-BY 4.0