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OPTIMAL ENTRY POINT FOR C1 POSTERIOR SCREW FIXATION: AN ANATOMICAL STUDY

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AMAÇ: Atlantal lateral mass screw fixation procedure has been used widely in treatment of atlantoaxial dislocation and requires detailed anatomical information of the C-1 vertebra. The aim of this study was to investigate the optimal entry point for C-1 pedicle screw.

YÖNTEM: Twenty-one adult dry human atlas vertebrae which were gathered from the Laboratory of the Anatomy Department of Dokuz Eylul University School of Medicine with unknown sex were examined. Lineer parameters were measured by using Mitotoyo digital caliper, sensitive to 0.01 mm. and angular parameters were measured by using goniometer, sensitive to 1 degree. The results were given as mean±SD (mm).

BULGULAR: The width and height of the inferior articular proces (IAP) were 10.01±1.24 mm and 3.89±0.68 mm, respectively. The height of the posterior arch at the nearest point to the lateral mass was 4.70±0.86 mm. The distance between the anterior point of the lateral mass and the posterior side of the IAP was 24.02±2.37 mm. The distance between the superior articular process (SAP) and IAP at the posterior side was 17.30±2.10. The length of posterior arch at its medial and lateral surfaces were 23.41±1.86 mm and 29.91±2.23 mm, respectively. The distance between the posterior tubercle and the medial border of the transverse process at its most posterior was 34.31±2.66mm. The length of lateral mass was 25.52±2.30 mm. The transverse diamater of the transverse foramen was 7.69±0.91 mm. The width between the lateral border of lateral mass and the medial border of IAP was 19.14±1.75 mm. The distance between the IAP and the end point of the groove on the inferior surface was 12.99±1.66. The distance between the lateral border of the IAP and the medial border of the transverse foramen on the inferior surface was 2.33±0.55. The length, width and height of the vertebral artery groove were 13.94±2.47, 10.39±1.35 and 8.33±1.59, respectively. The inner and outer widths of posterior arch were 28.08±2.06 mm and 48.28±2.63 mm, respectively. The thickness and height of posterior arch were 7.23±2.04 mm and 9.71±1.23 mm, respectively.

SONUÇ: The surgical management of atlantoaxial dislocation by using screws is associated with a serious perioperative risks. The surgeons must know the anatomy of this region to identify the optimal entry point and to determine the screw length.

Anahtar Kelimeler: atlas, cervical spine, posterior cervical approach