

## Treatment of cervical disc herniation

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Herniation of the cervical disc is a common ailment with an increasing incidence with widespread use of the computers and the mobile electronic devices. Fortunately, the cervical disc herniation is a self-limiting disease with a favorable prognosis. So, when treating a patient with cervical disc herniation, one should reflect the favorable natural history of the disease in the management plan. In my practice, the duration and the pattern of the symptoms play important roles on determining the treatment method for the particular patient. In general, my first line conservative treatment comprises NSAIDs, physiotherapy and exercises. Second line treatment is injection therapies that consist of epidural steroids, root injections and facet blocks on top of the first line treatments. If these measures fail, I move on to cervical nucleoplasty or endoscopic discectomy. If all these less invasive measures are futile or when there is a major motor palsy, I perform a formal anterior decompression and fusion or an artificial disc replacement. Cervical artificial disc replacement is a reliable surgery with good outcome in most of the cases. However, as mentioned before, the natural history renders only a handful to go up the ladder to a conventional fusion or an arthroplasty.