

## Dysphagia due to Andersson lesion aggravated by posterior cervical fusion: A case report



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### Introduction

Ankylosing spondylitis (AS) is an inflammatory rheumatic disease which can cause many complications. Among them, Andersson lesion is an uncommon manifestation in late-stage AS, and commonly occurs in the region of the thoracic and lumbar spines; however, it rarely involves the cervical spine. We report a case of a patient whose dysphagia due to Andersson lesion aggravated by posterior cervical fusion.

### Case Report

A 72-year-old male who had a history of AS diagnosed 35 years ago visited orthopedic surgery outpatient department due to pain and paresthesia in both feet. He was referred to rheumatology department to evaluate the current status of AS. In the whole spine x-ray, spondylosis from the cervical area to the lumbar area and C3-4-5 discovertebral lesion (Andersson lesion) were detected (Fig. 1). In the magnetic resonance imaging, C3-4 retrolisthesis and ligament flavum buckling with cord compression were revealed. He was referred to rehabilitation medicine department. Electrophysiologic studies were compatible with cervical myelopathy. He had mild discomfort during swallowing but there were no aspiration signs. He was admitted to orthopedic surgery department and C3-4 laminectomy and C2-6 posterior fusion were done. After recovery from surgery, the patient complained of dysphagia aggravation. In the laryngoscopy, slight airway narrowing due to posterior pharyngeal wall swelling was detected. In the videofluoroscopic swallowing studies, small thin and thick liquid diet, soft blended diet, and regular diet showed a penetration, and large thin liquid diet showed an aspiration (Fig. 2).



Fig. 1. The cervical spine x-ray shows C3-4-5 discovertebral lesion (Andersson lesion).

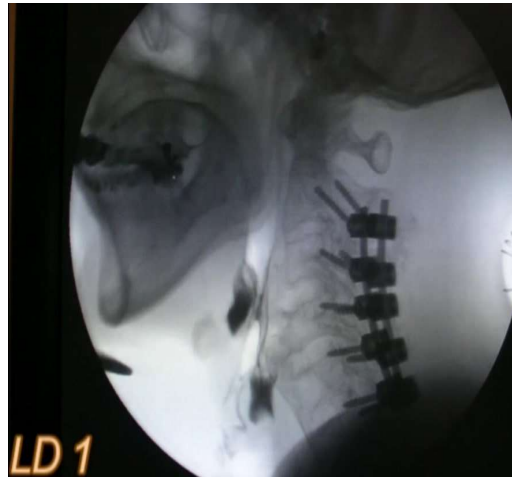


Fig. 2. The videofluoroscopic swallowing studies show an aspiration during liquid diet.

### Conclusions

Dysphagia after cervical spine surgery usually occurs in cases of anterior approach operation. Andersson lesion commonly occurs in the thoracic or lumbar lesions. In this case, Andersson lesion was located in the C3-4-5 vertebrae and dysphagia was aggravated by posterior cervical fusion. Dysphagia due to Andersson lesion was aggravated by the impairment of neck movement related to the posterior cervical fusion, although the operation was done by posterior approach.