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## Accreditation

# Update on cervical herniated disc

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This section is composed by questions related to the section Guidelines in Focus, published in RAMB 58(6).

### Questions

Each of the questions or incomplete statements is followed by four suggested answers or completions. Select the one that is best in each case.

1. When are the anterior or posterior approaches indicated?
  - a. The posterior approach is superior to the anterior approach in lateral herniated discs.
  - b. Lateral herniated discs can be treated by the anterior or posterior approach.
  - c. The posterior approach is recommended in cases of central component herniated discs.
  - d. The anterior approach is superior to the posterior approach in lateral herniated discs.
2. Is the percutaneous technique (percutaneous cervical nucleoplasty) indicated in cases of adult cervical herniated disc?
  - a. Literature on percutaneous cervical nucleoplasty only has case series.
  - b. Nucleoplasty is not supposed to reduce the pain scores (EVA).
  - c. It is recommended in the cervical herniated disc therapeutical routine.
  - d. Cases of instability are frequent at post-surgical procedure.
3. When analyzing surgical success rates, are there differences when comparing simple discectomy (SD), discectomy following intervertebral fusion (FD), and intervertebral fusion discectomy and instrumentation (IFD)?
  - a. SD is superior to IFD.
  - b. FD is better than SD.
  - c. There are no differences among SD, FD, or IFD.
  - d. IFD is more effective than FD.
4. When analyzing fusion rates and post-surgical chypnosis, are there differences in the comparison among SD, FD, and IFD?
  - a. The highest non-fusion rates are present in SD.
  - b. Deformity is less frequent in SD.
  - c. SD has a lower bone fusion rate.
  - d. The spacer option does not offer a better result.
5. When should arthroplasty be indicated?
  - a. In all cases of cervical herniated disc.
  - b. In lateral herniated discs only.
  - c. In central component herniated discs.
  - d. It is never indicated.
6. In respect to the intersomatic spacer:
  - a. There is no clinical difference when comparing SD, FD, DIF and the intersomatic spacer after disectomy.
  - b. There is no difference when comparing the kyphosis percentage after the use of any disectomy technique.
  - c. Instrumentation with plates showed better clinical outcomes when compared to the intersomatic spacer after disectomy.
  - d. The use of intersomatic spacer reduced the post-surgical kyphosis rates and improved the clinical outcomes.

### Reference

Bernardo WM, Santos AF, Felix F, Martins GS, Pinna MH, Monteiro TA et al. Atualização em perda auditiva: diagnóstico. Rev Assoc Med Bras. 2012;58(6):644.

### Answers:

- 1) C
- 2) A
- 3) D
- 4) C
- 5) A