

# **CASE REPORT**

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# Expectoration of anterior cervical implant after 15 years: A rare case report

# Ayusman Satapathy, Tanvi Choubey

#### **ABSTRACT**

**Introduction:** Anterior cervical discectomy and fusion (ACDF) is a widely practiced procedure. Various complications of ACDF are described but extrusion implant construct from mouth is extremely rare.

Case Report: A 37-year-old young gentleman with history of ACDF surgery 15 years back reported to our outpatient department (OPD) with complain of coughing out one anterior cervical plate and two screws. On followup the patient was asymptomatic and absolutely fine.

Conclusion: Though rare the above-mentioned complication is not inevitable after so many years of surgery. Proper position of implant with good purchase of screws are the most important parameter to avoid such complication in future.

Keywords: Anterior cervical discectomy and fusion (ACDF), Cough out implant, Implant expectoration

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# INTRODUCTION

Anterior cervical discectomy and fusion (ACDF) is one of the most commonly performed spinal procedures in neurosurgery. Though rare, complications related to ACDF are not uncommon. Hematoma, dural injury, postoperative dysphagia, esophageal, pharyngeal injury, and Horner's syndrome are few of the complications described in the literature [1-4]. One of the grave complications associated with ACDF surgery is the extrusion of the implant through the operative site or through mouth. To the best of our knowledge, only one case of expectoration of implant construct through mouth after a bout of cough has been reported till date.

#### CASE REPORT

A 37-year-old young man presented to our OPD with complaint of expectoration of an anterior cervical plating and two screws (Figure 1A and B) 7 days back. The patient had history of operated for C<sub>3</sub>-4 and C<sub>4</sub>-5 ACDF approximately 15 years back at some other hospital for cervical spine trauma. At presentation he was completely normal without any history of dysphagia, choking, aspiration pneumonitis, or fever. We advised an esophagus copy and bronchoscopy to look for the site of perforation but the patient denied as he was absolutely fine; however, we ask the patient to remain in followup regularly. A cervical spine X-ray done two years back (Figure 1C and D) suggestive of upward migration of implant with two missing screws. We advised an X-ray cervical spine which suggestive of good fusion from C3 to C5 without any implant in situ (Figure 1E and F).

#### **DISCUSSION**

Anterior cervical discectomy and fusion is one of the most frequently performed spinal procedures. Although rare, postoperative complications after ACDF Edorium J Surg 2021;8:100054S05AS2021. www.edoriumjournalofsurgery.com

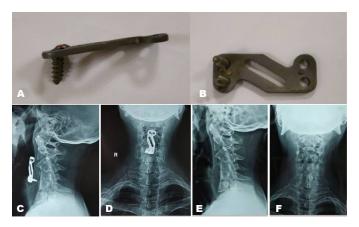


Figure 1: (A) and (B) are the expectorated implant construct from mouth. (C) and (D) X-ray cervical spine lateral and anteroposterior view showing implant in situ with two missing screws. (E) and (F) are the post-expectoration X-rays without the implants and there is good fusion.

are not inevitable. Esophageal tear can occur after ACDF surgery and migration of implant construct through this tear into the gastrointestinal tract have been reported previously by various authors [2, 5-7]. Pharyngeal perforation after ACDF is an extremely rare condition and only few cases have been reported in the literature till date [8]. It can happen either due to direct injury during surgery or many days after surgery with a very low reported incidence rate of 0.25-1.49% [9, 10]. They may have a benign course or may land up in fatal outcome, so early diagnosis of such cases and prompt management may save lives. Various factors may be responsible for those cases of implant extrusions but one of the most common predisposing factor for this complication is (after a close study of all the reported cases in literature) malpositioned implant during surgery [2, 5-7]. This is a rare and one of its kind of case report where the implant construct with two previously missing screws coughed out after 15 years of surgery and on follow-up patient was absolutely fine. According to the existing literatures each and every case is separate and is treated accordingly but the most important thing to keep in mind for avoiding such complications in future is the proper position of implant with good purchase of screws during the surgery.

#### **CONCLUSION**

Cough out implant after many years of surgery is a rare, but possible complication. Proper positioning of the implant construct with good purchasing of screws into the bone is the most important step to be kept in mind during surgery.

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#### **Author Contributions**

Ayusman Satapathy - Conception of the work, Design of the work, Acquisition of data, Analysis of data, Interpretation of data, Drafting the work, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

Tanvi Choubey - Design of the work, Acquisition of data, Analysis of data, Interpretation of data, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

### **Guarantor of Submission**

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#### **Consent Statement**

Written informed consent was obtained from the patient for publication of this article.

#### **Conflict of Interest**

Authors declare no conflict of interest.

### **Data Availability**

All relevant data are within the paper and its Supporting Information files.

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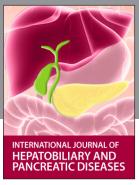
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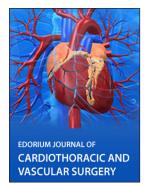














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