Wrestling induced cervical spondylosis

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آرژیابی اسپوندیلوژ گردنی در کشتی گیران

چکیده

زمینه: تغییرات در مهره‌های گردنی نواحی نظریه‌ای نظیر ایجاد سکته و یا تغییرات در بافت نرم و استخوان می‌باشند.

مکان: مقاله به منظور ارزیابی اسپوندیلوژ گردنی در کشتی گیران انجام شد.

مواد و روش‌ها: 43 کشتی گیر و 44 فرد غیر کشتی گیر با سالگرد کاهش سن 15 تا 50 سال مورد مطالعه قرار گرفتند. به منظور تعیین تغییرات در این موارد میانگین مقدار معده در مورد اسپوندیلوژ گردنی تحت آزمون‌های آرتیرو.grافند.

یافته‌ها: اندازه‌گیری در کشتی گیران با بروز علائم اسپوندیلوژ گردنی به همراه افزایش ورزش راه اندازی داده بودند. تغییراتی که می‌توان بر اسپوندیلوژ گردنی کاشی ایجاد کرد.

نتیجه‌گیری: اندازه‌گیری کاشی مهره‌های گردنی به وسیله رادیوپوشهای خا در آزمون واریانس بعد معیار معنی‌داری از بروز اسپوندیلوژ در کشتی گیران جوان شمردند. به نظر می‌رسد.

سیلویا و ازدیها اسپوندیلوژ گردنی، نارگی گردنی، ورزش کشتی

Abstract

Background: Cervical spondylosis is a degenerative process involving changes in soft tissue and bone of intervertebral discs.

Objective: To evaluate wrestling induced cervical spondylosis.

Methods: 83 male wrestlers with the age range of 15 to 55 were randomly studied against 79 nonwrestlers of the same age. Clinical and radiological assessments were carried out and recorded in both groups. Wrestlers with clinical signs of CS and confirmed lateral radiograms were subjected to MRI studies to obtain any spinal cord changes.

Findings: The findings indicated that wrestling coupled with advancing age can initiate the process of CS. Cervical MRI of some wrestlers with long period of wrestling confirmed the pathologic changes of CS.

Conclusion: It seems mandatory to have routine cervical radiographs to gauge the width of spinal canal and rule out spondrosis to prevent the development of CS in young wrestlers.

Keywords: Cervical Spondylosis, Cervical Segments, Wrestling
Introduction:
Cervical spondylosis (CS) is a degenerative process involving intervertebral discs with soft tissue and bony changes (1,4,13). It is associated with advancing age and jogging movements of the cervical segments. Chronic cervical injuries due to wrestling have not been widely explored in sport medicine. This paper reviews our study of wrestlers and discusses the results in the context of our own and current data suggesting that the threshold for traumatic spinal injury and the prevalence of CS may be considerably higher in wrestlers.

Methods:
A number of 63 male wrestlers, with the age range of 15 to 55 were randomly studied against 79 nonwrestlers of the same age. Clinical and radiological assessments were carried out and recorded in both groups. In lateral cervical radiographs, changes such as osteophytes, disc space height narrowing and canal stenosis were evaluated in both groups. Wrestlers with clinical signs of CS and confirmed lateral radiograms were subjected to MRI studies to obviate any spinal cord changes. Cases with clinical signs of nuchal pain and movement restriction not related to CS were excluded from the study.

Findings:
The findings about 72 wrestlers and 75 non-wrestlers were summarized in table 1. Considering age group in table 1 and using Z test, a significant difference between two groups for developing CS in age range of group 45-54 year was obtained (p < 0.05).

Wrestling coupled with advancing age can initiate the process of CS. Cervical MRI of some wrestlers with a long period of wrestling confirmed the pathologic changes of CS.

<table>
<thead>
<tr>
<th>Age(Yrs)</th>
<th>Wresters radiogram</th>
<th>non- Wresters radiogram</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO</td>
<td>normal</td>
</tr>
<tr>
<td>15-24</td>
<td>32</td>
<td>27</td>
</tr>
<tr>
<td>25-37</td>
<td>25</td>
<td>15</td>
</tr>
<tr>
<td>35-44</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>45-54</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>72</td>
<td>48</td>
</tr>
</tbody>
</table>
Conclusion:

Cervical spondylosis defined as a degenerative process of disc associated with changes in soft tissue and bone is frequently seen in the lower cervical segments. Fibrosis and osteophytes around the disc are formed for stabilizing the joints. ¹, ⁴, ¹³

Considering the role of sport in CS, two important factors seems to be involved namely as movement of the neck and aging. ² Among predisposing factors, jobs incurring repetitive movements of the cervical spine can initiate CS. After the fifth decade of life, a definite enhancement of degenerative processes is seen in the structures of the body. ¹⁰

Disc degeneration occurs frequently in lower cervical segments, but injuries at C3 C4 space or higher levels are less common. ¹²

Neurologically, CS eventually leads to myelopathy which presents the weakness of lower limbs along with radiculopathies of upper limbs. ¹, ⁴, ¹³

Spondylotic myelopathy is thought to stem from at least three treatable factors: spinal stenosis, osteophyte and relatively excessive spinal mobility. ⁶, ¹⁰

Flexion and extension of the neck bring about changes in the spinal canal diameter frequently seen in wrestlers. ¹²

Increased movements of the cervical spine along with augmented vertebral joints movement cause high incidence of degeneration and CS at C5 C6 segments ⁹

Likewise superimposition of a previously stenosed canal leads to myelopathy. ¹¹ and aging is also incriminated to cause spondylosis. ⁵

The ratio sagittal diameter of the canal to sagittal diameter of the adjacent vertebral body (torg ratio) is said to be normally 1/1. A ratio less than 8/10 indicates canal stenosis. Sportsmen with torg ratio less than 8/10 are probably predisposed to cervical spinal cord damage and developing myelopathy. ⁷

Acute cervical trauma and locked in syndrome with ischemic lesions of the ventral pons, in sport like karate have been reported. ⁶

It seems conceivable that wrestling generating augmented movement of
the cervical spine or repetitve strains in
the front of microtrauma can expedite
the pathologic process of CS. It is
increasingly clear that future therapies
of wrestlers prone to develop CS will be
multiocated combining surgery and
physiological measures tailored to
counteract specific pathologcal events.
Regarding prevalence of CS and
significant differences between wrestler
and nonwrestlers in this study. The
following suggestions are
recommended:
Fearing the development of CS in
young wrestlers, it seems mandatory to
have routine cervical radiographs to
gauge the width of spinal canal and rule
out stenosis.
The fact that many situations of
incomplete or impending CS may be
anticipated supports a more active
therapeutic attitude in everyday clinical
practice in the front of a careful
scrutiny. Wrestlers with long duration
of wrestling need more care.

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