

## **I Have Arthritis In My Neck!**

By Patrick J. Reid, MD

Patients are frequently told that they have arthritis in their neck, but what does this actually mean? When referring to the neck, the most common type of arthritis is osteoarthritis, which refers to degenerative disease of the joints. This may manifest as bony overgrowth, which can lead to compression of nerve roots or the spinal cord, or to abnormal curves in the spinal column. Osteoarthritis may also affect the intervertebral discs. These discs lie between the vertebrae and act as shock absorbers. When the discs degenerate, herniation of the discs may occur causing compression of the spinal cord or nerve roots. Degeneration of the discs may also be associated with disease of other joints in the neck, causing minor instability in the neck.

Arthritis in the neck usually causes neck and/or arm pain, with or without weakness. There may also be associated numbness in the arm. If there is associated compression of the spinal cord, patients may comment that they are clumsier than normal, or that they have difficulty with shirt buttons, zippers or even writing. They may also complain that they have difficulty with walking, in that their balance is off. Additionally they may also experience weakness of the legs and loss of sensation in the body or legs.

In certain instances patients may suffer from neck and arm pain, but they may have an MRI that reveals only minor abnormalities, or abnormalities that do not explain their symptoms. On these occasions it is important to consider other causes such as carpal tunnel syndrome, which is frequently seen and is easily treated.

Most patients with arthritis in the neck do not require surgery. Symptoms may be managed effectively with various treatments including education and counseling, analgesic medication, muscle relaxants, physical therapy, acupuncture, and injections. Indications for surgery include, but are not limited to, uncontrolled pain, progressive weakness, and those instances where patients are symptomatic from compression of the spinal cord. Surgical procedures that may be considered range from smaller procedures which involve removal of bone to relieve compression on nerve roots or the spinal cord, to more extensive procedures which involve spinal fusion.

When working with a patient presenting with neck pain, it is imperative to listen to the patient describe their symptoms. This, along with an examination, is how I decide whether symptoms are coming from compression of the spinal cord, the nerves in the neck, the nerves in the wrist, or from instability in the neck. While MRI or CT scans are very helpful, on many occasions I see patients with a multitude of abnormalities on their imaging, but with very little in the way of symptoms. Obviously these patients do not require surgical intervention. As surgeons we can always make an MRI or CT scan look better, but as I tell all my patients, I treat patients - not images.

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