

Traumatic Spondyloptosis

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A 15-year-old boy sustained injury to his neck when he fell from a two-wheeler. When admitted (within two hours of injury), he was quadriplegic and breathing spontaneously. Intravenous methylprednisolone was administered and cervical spine radiograph was done (Fig 1), followed by MRI (Fig 2).



FIGURE 1

Diagnosis: Traumatic Spondyloptosis C4 with fracture C2, C3 and C4 pedicles and spinous process

Patient was put on skull traction resulting in reduction (Fig 3) and neurological improvement to grade 3-4 power in all four limbs. Subsequently, he underwent anterior cervical plating C4-C5. At the time of discharge, he had grade 4/5 power in all four limbs.



FIGURE 3

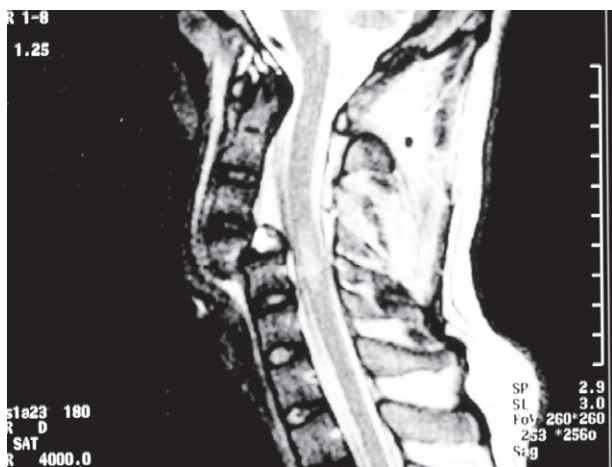


FIGURE 2

Traumatic spondyloptosis is a rare form of cervical spine injury and is considered to be an extension-compression type of injury. It usually leads to cord transection and irrecoverable quadriplegia. Due to three column involvement, the fracture is highly unstable and patient should be promptly immobilized. Treatment consists of skull traction (preferably with MRI compatible equipment), and anterior fusion with plating.

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