

CASE STUDY Treatment Of Cervical Fracture And Dislocation

Symptoms

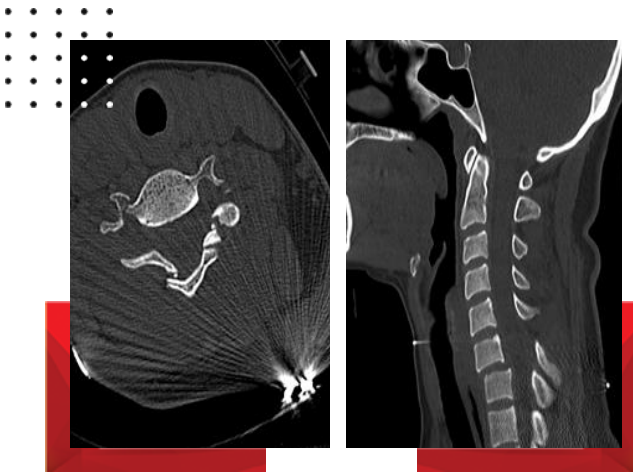
A 38-year-old female patient presented with significant neck pain alone following a traffic accident. Patient has no neurological abnormality.

Diagnosis

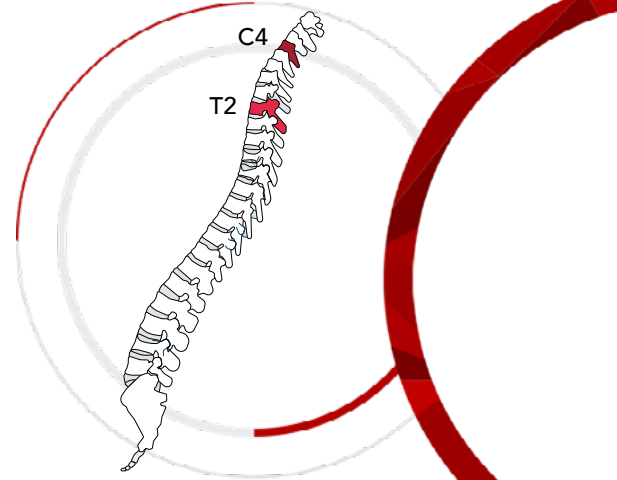
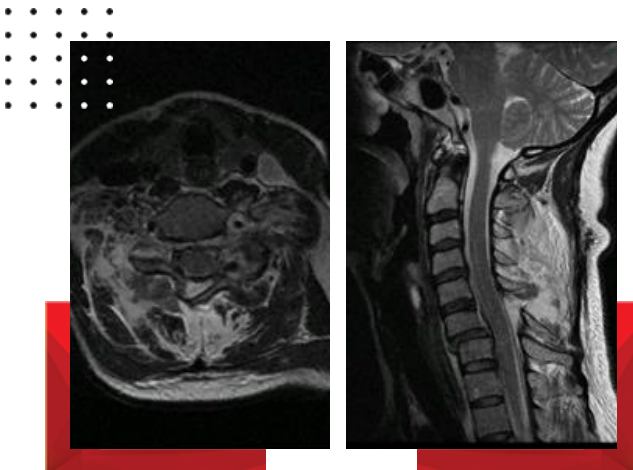
The cervical spine CT demonstrated a bilateral displaced pedicle fractures and left lamina fracture of C6 vertebrae, grade 1 spondylolisthesis on C6-C7 vertebrae. In the cervical MR of the patient demonstrated, grade 1 spondylolisthesis in C6-C7, anterior dislocation of C6 vertebrae, bilateral pedicle fracture at the C6 level and edema in the posterior paraspinal muscles.

Pre-Treatment Image

Preop cervical spine CT scan demonstrated fracture of C6 vertebrae and Grade 1 spondylolisthesis in C6-C7 vertebrae.



Preop cervical spine MRI demonstrated grade 1 spondylolisthesis in C6-7, anterior dislocation of C6 vertebrae, bilateral pedicle fracture at the C6 level and edema in the posterior paraspinal muscles.



Post-Operative Images



Treatment

After a skin incision between C4 and T2 and incision of the fascia subperiosteal muscle distraction has been performed to see the vertebrae. With free hand technique OSIMPLANT lateral mass screws were inserted C5 and C6 then OSIMPLANT transpedicular screws were inserted bilaterally C7 and T1. Then left side rod placed on C5 and C6 screws tip and second rod placed on C7 and T1 screws tip. These two OSIMPLANT rods were combined using OSIMPLANT domino. Then right side rod placed on C5 and C6 screws tip and second rod placed on C7 and T1 screws tip. Careful hemostasis, drainage and wound closed in layers. 2 days after this surgery, the patient was operated from the anterior region. The patient is placed in the supine position on a standard operating room table. Lateral fluoroscopy is used to localize the level of the incision. After completion of the transverse skin incision, the platysma can be dissected in line with the skin incision. Dissection is directed medially toward the anterior cervical spine, which proceeds between the carotid sheath laterally and the trachea and esophagus medially. Caspar pins are placed in the vertebral bodies cranial and caudal to the corresponding disk. The operating microscope can be introduced after this step with the retractors in place. After applying distraction, the discectomy is completed with a combination of rongeurs and curettes. OSIMPLANT PEEK cage was placed in the discectomy level. The system was fixed by placing OSIMPLANT anterior plate and screw at the level of C6-7. The plate placed centered in the coronal plane. Lateral fluoroscopy is used to localize the plate. Careful hemostasis, drainage and wound closed in layers

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