Floating Lateral Mass Fracture of Cervical Spine: A Case Report

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INTRODUCTION:

Unilateral lateral mass fractures and fracture dislocations comprise 7 to 16% of sub axial cervical spine fractures[1]. Most commonly due to motor vehicle accident. An uncommon and poorly described subset is the "floating" lateral mass fracture (FLM) with fractures of the adjacent pedicle and lamina. Historic literature has described multiple treatment options including nonoperative management, single level anterior cervical disc fusion and posterior three level fusion. Due to the relatively uncommon nature of the FLM fracture, little has been written with respect to its presentation, associated injuries, or the optimal management of these injuries. We reported a rare case of floating lateral mass fracture of cervical spine.

CASE:

A 40 years old man foreigner, fall from 12 feet height. He fell with head in extension. He was unconscious.

In casualty, he was unconscious, on cervical collar, hemodynamically stable and Glasgow Coma Scale was 3/15 and he fitted once. Thus, he was intubated and urgently sent for CT head, cervical, and chest x-ray.

CT brain showed no acute intracranial bleed.

CT cervical shows unilateral mass fracture with fractures of adjacent pedicle and lamina of C6 and C7 (Figure 1), and chest x-ray showed right sided hemothorax.

Day 4 of admission, he regained consciousness. His bilateral upper limb motor function from C5 to T1 was 3/5 and sensation was reduced over C6 and C7 distribution.

In view patient having unstable floating lateral mass fracture of C6 and C7, was advised for anterior cervical disc fusion, however, due to financial constraint, he opted conservative management by using sternal-occiput-mandibular immobilizer (SOMI). At 6 weeks review, power improved bilaterally.

Figure 1 - Unilateral mass fracture of C6

DISCUSSIONS:

Floating lateral mass fracture is highly associated with high degree of instability that usually treated with surgical intervention[2]. Long term result for non- operative treatment usually not favourable[2].

We are highlighting a case of FLM that was treated conservatively with good outcome.

CONCLUSION:

Floating lateral mass is rare and unstable injury with poor outcome if treated conservatively[3]. In a selected patient, conservative treatment can be the best option of the treatment.

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