

A Case Report Of A ‘Near Miss’ Unilateral Right C4-C5 Facet Dislocation With Neurological Deficit

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INTRODUCTION:

Cervical spine injury have been most frequently missed in plain x-rays and have a wide range of severity from minor ligamentous injury to devastating osteo-ligamentous instability with spinal cord injury. We present a ‘near miss’ case of unilateral right c4-c5 facet dislocation which detected on radiographs

CASE REPORT:

MS R, a 55 years-old lady was involved in a road-traffic accident(RTA) and she was admitted for cerebral concussion for observation. At Accident & Emergency department (A&E), she denied of neck pain, her neurological examination and the initial radiographs were documented as normal. However, in ward she started to complain of neck pain and tenderness was elicited at lower cervical region with reduced power and sensation from C4 to C5. Patient was proceed with computed tomography(CT) which showed a unilateral right C4-C5 facet dislocation with a score of 5 in Subaxial Spine Injury Classification (SSIC) system. She underwent anterior cervical decompression with fusion.

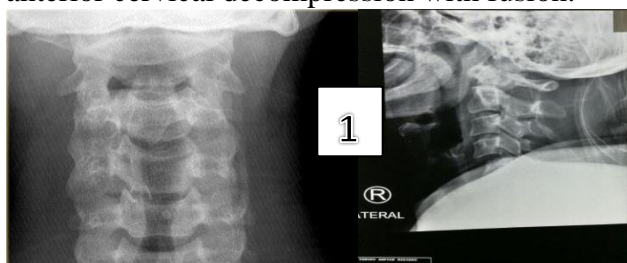


Figure 1 shows the initial cervical x-rays which were labeled as “normal”.



Figure 2 shows post-operative x-rays

DISCUSSIONS:

There are cases of cervical injury that have been missed in the Accident & Emergency department with some diagnosed because of late manifestations of patient symptoms and inadequate interpretation of plain x-rays. Plain x-rays are sometimes inadequate to rule out cervical injury in patients involving RTA especially patients with altered consciousness level. A complete neurological examination and reassessment is needed in patients with altered consciousness level. A score of 5 or more in SLIC system is warrants surgical intervention for patients with lower cervical injury.

CONCLUSIONS:

When cervical injuries are missed on initial assessment, a delay in diagnosis can cause worsening instability and neurologic deterioration. It is important for all medical personnel to identify and diagnose a cervical injury in a patient.

REFERENCE:

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