

Seizure Induced Bilateral Cervical Facet Dislocation: A Case Report

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INTRODUCTION:

Symptomatic spinal fracture from a seizure is rare with frequency estimated at 1% of epileptic patients. The aetiology may be associated with trauma induced either direct or indirectly by a seizure. We present a patient who sustained bilateral cervical facet joint dislocation and tetraplegia after suffering a seizure attack.

CASE REPORT:

The patient is a 46 year old female with underlying hypertension who experienced a tonic-clonic seizure at her home. The seizure self-aborted and she was found on the floor of her home. There were no eyewitness to the event. Once conscious, she complained of neck pain and was not able to move bilateral upper and lower limbs. She had no head wounds or bruises that indicated a forceful head impact during her episode of seizure.

On examination, she had a motor power of zero and sensory loss from C5 and below. Computed tomography showed bilateral C4/C5 facet joint dislocation. She underwent emergency open reduction, decompression and stabilization.

DISCUSSION:

Seizure induced injuries typically present with mid thoracic or thoracolumbar fractures. The present case demonstrates that forceful muscle contraction during the convulsive seizure episode possibly coupled with a trivial injury can result in vertebral dislocation without any external trauma. The cervical spine is remarkably mobile and this may predispose it to serious injury especially during hyperflexion or rotation in flexion motion.

CONCLUSION:

Due to the rarity of seizure induced cervical dislocations, clinicians should maintain a high degree of suspicion especially if the patient has neck pain or any neurological deficit. The importance of convulsive seizure control is

imperative to prevent seizure associated injuries.

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