

A RARE FRACTURE DISLOCATION OF T7-T8 VERTEBRAE WITH COMPLETE SPINAL CORD TRANSECTION

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Introduction: Fracture dislocation of the thoracic spine usually accompanied with spinal cord injury. It caused by high velocity or high energy injury. Complete neurological dysfunction may occur in the most severe spinal fracture dislocation cases. Here we present a case of traumatic fracture dislocation of T7-T8 vertebrae with complete spinal cord transection. This type of injury is the most unstable with failure of all three columns. Dural tear and paraplegia often accompany this injuries.

Discussion: A 20 years old male presented with back pain and an inability to move his lower extremities after involved in high speed motor vehicle collision. On physical examination, he was unable to move his bilateral lower limb. Bilateral lower limb power from L2-S1 was 0/5. He was diffusely hypotonic and areflexic in the lower extremities. Sensation to pinprick, temperature, and proprioception was absent from the T8 dermatome and downward. He also had no anal sphincter tone or reflexes. He was designated as having an American Spinal Injury Association (ASIA) Impairment Scale score A. Computed tomography scanning of thoracolumbar revealed unstable severe distraction thoracic spinal injury with complete spinal cord transection at level T7-T8. Posterior instrumentation of thoracic was performed and he showed a good recovery as well as referred for early physiotherapy since hospitalisation.

Conclusion: Complete fracture dislocation of the thoracic spine with complete spinal cord transection is rare. Due to the instability of fracture dislocation, surgical treatment is recommended to realign the spine and prevent secondary injury to the spinal cord. Early surgery has the benefits of the earlier rehabilitation, shorter hospital stay, and reduction in complications. To treat such an unstable spine, the best management policy is early surgical intervention.