

CERVICAL MYELOPATHY IN AN ELITE BADMINTON PLAYER- A CASE REPORT

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Introduction: Badminton often involves repetitive neck flexion and extension. Despite this, cervical injury is uncommon among badminton players. Systemic review shows the overall strength of evidence for all risk factors (social-demographic, lifestyle, behaviors, environmental, and genetic factors) of cervical myelopathy is low. More research is needed to improve our understanding regarding risk factor of cervical myelopathy

Discussion: Mr. X was 33 years old, Chinese, male, competitive badminton player who presented severe neck pain for 2 weeks. His symptoms associated with left upper limb numbness and weakness. Neck pain progressively improved; however, numbness persists at the left thumb. Mr. X unable to perform well in badminton training due to the symptoms. There was no history of trauma to the neck. On physical examination, there was lost cervical lordosis and tenderness at level C5 and C6. Left upper limb sensation reduced at C5 distribution. Mr. X also demonstrated a positive Spurling test +. X-ray and nerve conduction study was unremarkable, MRI cervical show C3 and C4 myelopathy changes and C5 nerve root compression. Discussion: A good screening method (history or physical examination or imaging) is crucial to identify group of athletes with cervical spinal stenosis. Cervical cord neuropraxia is associated with cervical spinal stenosis. Hence, athletes with a history of cervical cord neuropraxia should screen for cervical spinal stenosis. Early detection of this condition might help in reduce the incidence of cervical myelopathy.

Conclusion: Badminton is one of the common sports in Malaysia. Despite the incidence of cervical neuropraxia or cervical myelopathy is low for badminton, the diagnosis of cervical myelopathy must be rule out if badminton players complain of neck pain and upper limb numbness.