

## OPERATIVE FIXATION OF THORACIC SPINE FRACTURE: A CASE REPORT

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**Introduction:** The orientation of facet joints, presence of rib cage and thin intervertebral disc make the thoracic spine vertebrae very stable and rigid compared to other vertebrae. Thus, high energy trauma is required to fracture the thoracic vertebrae. [1]. Saving the life, prevention of neurological deficit and preservation of spine alignment and stability are the goals when treating the patients with thoracic spine fracture.

**Discussion:** 29 years old, Indian, Male, alleged motor-vehicle accident sustained poly-trauma (T5 vertebrae fracture, right posterior acetabulum wall fracture and multiple facial bone fracture). In physical examination noted spinal tenderness and step-deformity over thoracic spine. No evidence of neurological deficit. X-ray and CT scan of thoracic spine showed T5 vertebrae body compression fracture with no intra-spinal fragment. 1 week post trauma, posterior instrumentation of T5 vertebrae performed. Post-operative, patient recovered with no neurological deficit and discharged well on day 4 post-op. Currently, patient is under our monthly follow-up.

**Conclusion:** Arguments on management of thoracic spine fracture still exist till date. Ulrich J. Spiegl et al [2] stated that the decision for operative or non-operative management is based on primary stability of the fracture, degree of deformity, presence of disc injury and clinical condition of patient. Weinstein JN et al [3] mentioned that simple compression fracture or burst fracture with no neurological involvement can be treated non-operatively. Surgical treatment proved to be able to reduce and maintain the deformity correction following thoracic spine fracture according to Vassal M et al [4]. More studies on traumatic thoracic spine fracture management is necessary to clearly define the management plan.