

A Misfortune That Happened: A Case of Complete Spinal Cord Transection

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INTRODUCTION:

Cervical spine injury occurs frequently after major trauma. Early diagnosis and appropriate immobilization of a cervical spine injury could potentially prevent the extension of injury and its subsequent devastating consequences.¹ However, the diagnosis is missed or delayed in around 5% of trauma patients.

REPORT:

This is a 38 years old gentleman, referred to us after a wooden log fell onto the back of his neck during work. Post trauma, he presented to a nearby rural clinic with severe neck pain. He was still able to ambulate post trauma where he presented to a nearby clinic and was then transferred to nearest hospital. However, prior to arrival to hospital, he developed a sudden weakness and loss of sensation over bilateral upper and lower limb. Neurological examination revealed a complete spinal cord injury with neurological level of injury at C8 (ASIA A). Cervical radiograph was done but was unable to show any definite cervical fracture or dislocation (Figure 1). He was then transferred to secondary hospital where a Computed tomography was done and revealed C7/T1 fracture dislocation with T1 chance fracture (Figure 2). Urgent MRI revealed spinal cord transection at C7/T1 level with cord edema extending from C5 to T1 level (Figure 3). Patient was then underwent posterior spinal instrumentation of C5 till T1 with laminectomy C7 and T1.



FIGURE 1



FIGURE 2



FIGURE 3

CONCLUSION:

Fracture dislocation with spinal cord injury can result in long term disability, with marked impact to the quality of life of affected person. We should have a high index of suspicious of cervical spine fracture in patient presented with high energy trauma towards spine. Despite conflicting results from multiple literatures, this case demonstrates the importance of a prehospital spinal immobilization with aims to stabilize the spine by restricting mobility and thus prevent secondary spinal cord injury in patients with suspected spinal instability.

REFERENCE:

1. Davis, J.W. *et al.* (1993) "The etiology of missed cervical spine injuries," *The Journal of Trauma: Injury, Infection, and Critical Care*, 34(3).