

Neglected Fracture-Dislocation of the Cervical Spine without Neurological deficit

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Observation

Neglected cervical spine trauma is rare and very few case series have been reported in the literature [1]. There are no clear guidelines for the treatment of this condition. Surgical treatment, when necessary, can be performed using an anterior, posterior, or combined approach [1, 2].

We report the case of a 56-year-old man presented with a 6-month history of mechanical neck pain. He had a history of falling from the top of a tree a year ago. After this accident, he received symptomatic treatment and a collar for five weeks. No radiological work-up was performed.

The pain gradually subsided and he resumed his usual activities (Figure 1). Currently the pain was not radicular and there was no

evidence of myelopathy. Initial computed tomography of the cervical spine showed a C6 over C7 dislocation (Figure 1A). Magnetic resonance imaging supplementation was performed. There was no evidence of spinal cord oedema or cord contusion (Figure 1B).

We decided to surgically treat the spinal instability through an anterior approach and instrument. Delayed presentation is uncommon and is particularly observed in developing countries [1, 2].

References

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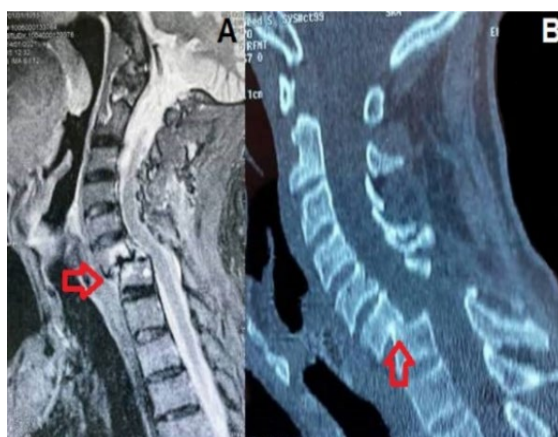


Figure 1: MRI: Sagittal view of T2 weight image of the cervical spine showing dislocation at C6-C7 without spinal cord compression (A). CT scan: Sagittal view of a CT scan of the cervical spine in the bone window showing a dislocation at C6-C7 (B).

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