

Contiguous Sub-Axial Cervical Spine Fractures with Spinal Canal Obliteration Due to C5 Posterior Dislocation. "Traumatic Ectopic Vertebrae": A Case Report

Farouq A^{1*}, Esther L^{2#}, Sharb AA³, Ferster H³, Kian TA⁴, Geftler A⁴, Waleed K³ and Melamed I¹

¹Department of Neurosurgery, Soroka Medical Center & Ben-Gurion University, Beer-Sheva, Israel

²Medical School for International Health, Ben-Gurion University, Beer-Sheva, Israel

³Faculty of Health Sciences, Ben-Gurion University of the Negev, Beer-Sheva, Israel

⁴Department of Orthopedic Surgery, Soroka Medical Center, Beer-Sheva, Israel

*Corresponding author:

Alguayn Farouq,
Resident Physician of Neurosurgery,
Soroka Medical Center & Ben-Gurion University,
Beer-Sheva, Israel,
Tel: +972 (0)54 5871898,
E-mail: alfarouq_md@hotmail.com

Received: 04 Dec 2020

Accepted: 18 Dec 2020

Published: 23 Dec 2020

Copyright:

©2020 Farouq A et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and build upon your work non-commercially.

Citation:

Farouq A, Contiguous Sub-Axial Cervical Spine Fractures with Spinal Canal Obliteration Due to C5 Posterior Dislocation. "Traumatic Ectopic Vertebrae": A Case Report. Clinics of Surgery. 2020; 4(3): 1-2.

#Author Contributions:

Levison Esther. This author have contributed equally to this article.

1. Clinical Image

We are presenting an interesting case of a 23-year-old healthy male patient transferred to our emergency department after involvement in a motor vehicle accident with severe kinematics. According to Emergency Medical Services he was found fully conscious and lying supine outside the car.

Upon arrival he presented in a cervical collar, hemodynamically stable and neurologically fully conscious and oriented. Focused Assessment with Sonography for Trauma (FAST) scored negative, Glasgow Coma Scale (GCS) scored 15, American Spinal Injury

Association (ASIA) Impairment Scale graded A at level C5 with priapism and absent bulbo-cavernous reflex.

Computed Tomography (CT) trauma protocol scan of the thoracic region showed minor irregularity of the descending aorta (very minor finding) and spinal imaging showed C5-C6 burst fractures with C5 posterior dislocation and spinal canal obliteration (Figure 1A and 1B). CT revealed no cranial or abdominal findings. Computed tomographic angiography showed significant bilateral irregularity of the vertebral arteries with obliteration sites from C5-C6 and normal filling distal to C3.



Figure 1A: Sagittal

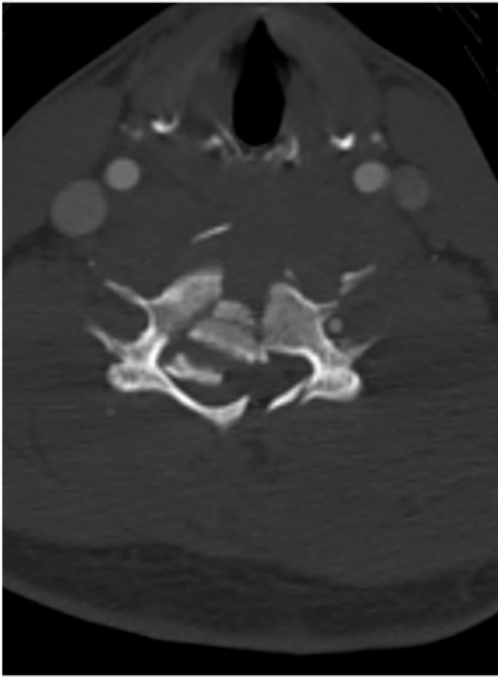


Figure 1B: Axial