

Case Conference

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Discussion

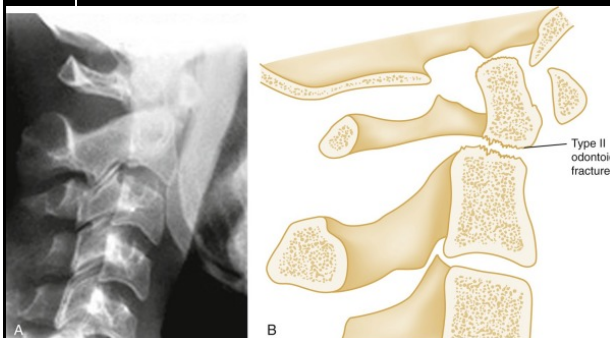
spine fracture and injury

Table 40-1 -- Classification of Spinal Injuries

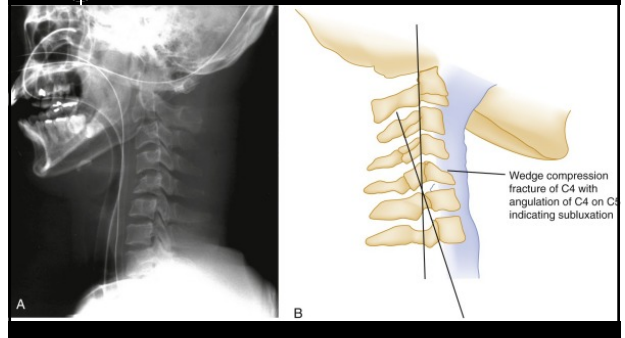
MECHANISM OF SPINAL INJURY	STABILITY
Flexion	
Wedge fracture	Stable
Flexion teardrop fracture	Extremely unstable
Clay shoveler's fracture	Stable
Subluxation	Potentially unstable
Bilateral facet dislocation	Always unstable
Atlanto-occipital dislocation	Unstable
Anterior atlantoaxial dislocation with or without fracture	Unstable
Odontoid fracture with lateral displacement fracture	Unstable
Fracture of transverse process	Stable
Flexion-Rotation	
Unilateral facet dislocation	Stable
Rotary atlantoaxial dislocation	Unstable
Extension	
Posterior neural arch fracture (C1)	Unstable
Hangman's fracture (C2)	Unstable
Extension teardrop fracture	Usually stable in flexion; unstable in extension
Posterior atlantoaxial dislocation with or without fracture	Unstable
Vertical Compression	
Bursting fracture of vertebral body	Stable
Jefferson fracture (C1)	Extremely unstable
Isolated fractures of articular pillar and vertebral body	Stable

FLEXION

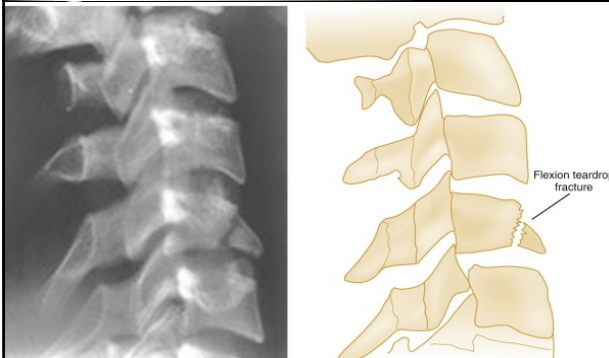
Odontoid fracture with anterior dislocation



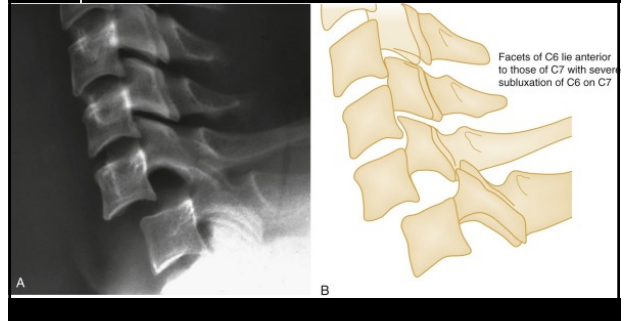
Lateral view of a wedge fracture of C4 with angulation



Lateral view of a teardrop fracture

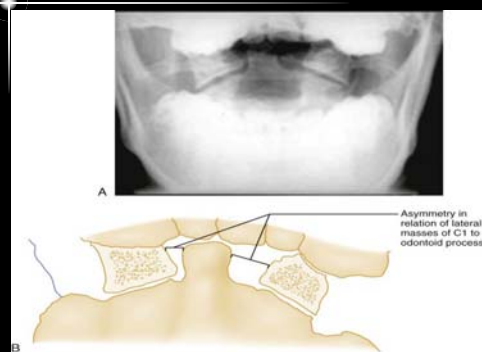


Facets of C6 lie anterior to those of C7 with severe subluxation of C6 on C7

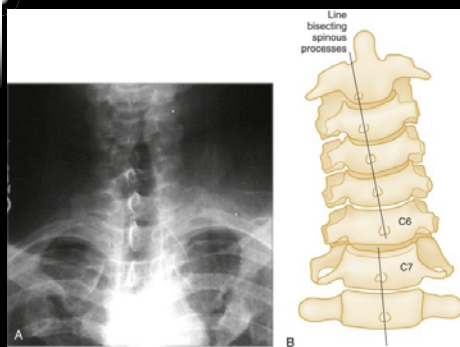


FLEXION-ROTATION

Rotatory subluxation of C1 on C2

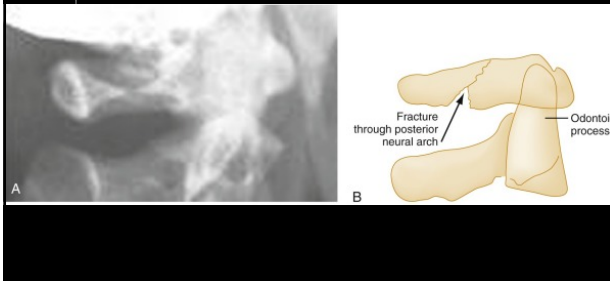


Unilateral facet dislocation

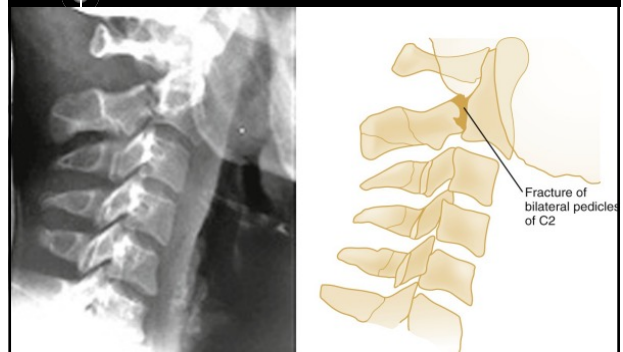


EXTENSION

Posterior neural arch fracture of C1

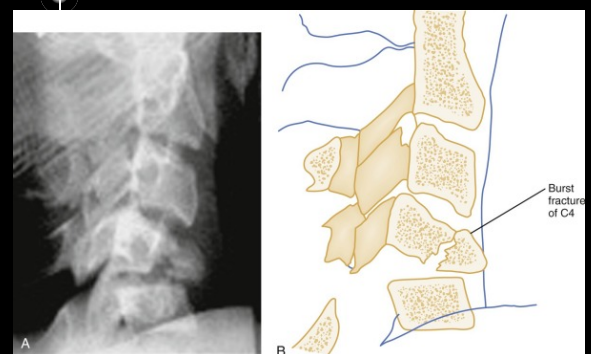


Hangman's fracture

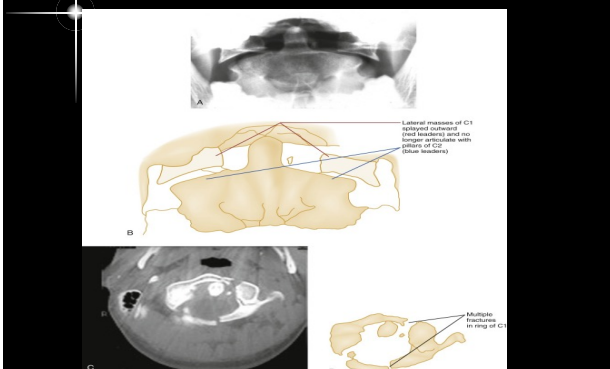


VERTICAL COMPRESSION

Burst fracture of a vertebral body

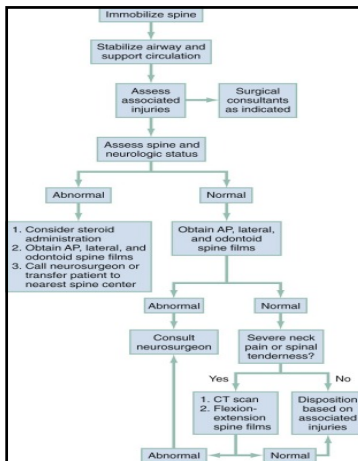


Jefferson fracture



Trauma ABCDE

- A Airway Maintenance with Cervical Spine Protection
- B Breathing and Ventilation
- C Circulation with Hemorrhage Control
- D Disability (Neurologic Evaluation)
- E Exposure / Environmental control



Approach to a patient with suspected cervical spine injury.

Key Points

- Victims of motor vehicle crashes, falls from heights, and sports-related injuries should have their entire spines examined for evidence of injury. Spinal radiographs should be obtained in the presence of suggestive symptoms or signs, or when an abnormal mental status or distracting injuries hamper clinical assessment.

Key point

- In order to prevent inadvertent movement of the spinal column, spinal precautions should be maintained in patients with altered mentation until the presence of a spinal injury can be excluded either clinically or radiographically.

Key point

- Evidence that high-dose methylprednisolone is a clinically efficacious intervention in the management of acute blunt partial SCI is lacking, and because of the possibility of severe side effects, its use can only be considered, at best, an option.

THANKS FOR YOUR
ATTENTION