Missed dislocation of cervical spine presenting late.

A 54 year old otherwise healthy lady presented with quadriplegia. She could barely walk with assistance. She gave a history that she had been involved in a vehicular accident 6 months ago. She had neck pain with inability to move both upper and lower extremities immediately after the accident. At the local hospital in Phaltan X rays were done which were normal. After supportive care she was referred to a higher centre in Pune for MRI scans. She was admitted to the hospital in Pune.

The first MRI is as shown.
She was given a neck collar. She started showing neurological recovery and she was discharged. Over the next few weeks she recovered neurologically and as she began mobilizing she started worsening. When she presented she had signs of myelopathy and a X ray showing the dislocated cervical spine.
MRI showed cord compression.

To conclude here was a lady who was otherwise well, with a dislocated cervical spine which could have been upto 6 months old with cord compression and quadriparesis.

An anterior cervical decompression was undertaken under General Anaesthesia.
In supine position Crutchfield tongs and traction was applied. A longitudinal interscapular roll was placed to lift up and extend the cervical spine. The level was identified under a lateral C Arm image. A left sided transverse incision was made. After subcutaneous and sub platysmal undermining the interval between the viscera medially and the carotid sheath laterally was developed to reach the prevertebral fascia. The level was confirmed using a marker needle under image intensifier. A C5 C6 discectomy was done. Despite this the dislocation would not reduce. Hence a decision was made to do a corpectomy of C6 vertebra in order to decompress the cord. There was a tiny ridge at the superior end plate of C6 vertebra which had to be gradually lifted carefully using a burr and fine curettes off the spinal cord. A cage was then placed along with a locking plate and screws to stabilize. The wound was closed over a single drain.

The postoperative period was uneventful. The drain was removed next day. The patient gradually improved in the coming weeks to be mobile with assistance and was discharged home.

She went on to recover near normal neurological function in a year.