

5th International Conference on **Spine and Spinal Disorders**
&
15th International Conference and Exhibition on
Alzheimers Disease, Dementia & Ageing

April 22-23, 2019 Rome, Italy

Traumatic fracture-dislocation of cervicothoracic junction: grand round presentation of C7 T1 instabilities and different instrumentation techniques

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Introduction: Acute traumatic cervicothoracic junction spinal lesions are rare disorders and poorly documented. Usually due to trauma and extensive laminectomies. The authors present their experience in the operative treatment of unstable fracture-dislocation at the cervicothoracic junction. The main questions or issues addressed in this case report are different instrumentation techniques to stabilize the instability and to prevent the late complications.

Materials and methods: A seventy-year-old man was transferred to our hospital following falling down into watercourse. The initial Glasgow Coma Scale (GCS) score was 15. Upon examination, he was hemodynamically stable and breathing spontaneously, we found paresthesia corresponding dermatome C7 and C8 bilaterally. Initial CT scan shows; vertebral body fracture of T1 with retropulsion into the spinal canal and anteroposterior dislocation cervicothoracic junction. Traumatic disc material at C7-T1 was removed by anterior cervical discectomy and fusion C6-T2. patient then repositioned to prone position. Fixation of C6-T2 by placement of screw of thoracic pedicle and lateral mass of C6 and C7.

Results: at 6 months follow-up revealed a bone healing at the level of fusion and the patient had no major functional trouble

Conclusion: we opted ventral-dorsal approach in our case for maximum stabilization and preventing mechanical complication.



Fig 1. A shows CT scan pre-operative with vertebral body fracture of T1 and anteroposterior dislocation of C7T1. B shows easy post-operative with C6-T2 fusion.

Biography

Mohammad Alsofyani is a faculty member at college of Medicine - University of Hail in Kingdom of Saudi Arabia (KSA). He is a graduate of Taif University School of Medicine in KSA. He is in scholarship program for orthopedic residency in France since November 2014. Currently he is 5th year resident at Bordeaux University Hospital, Department of Spine Surgery (Professor Jean-Marc Vital and Professor Olivier Gille).