

Case	(193) Approach to back trauma in the hospital emergency.
Authors	G. Muller Bravo, L. Peñuela Ruiz, A. Domínguez Igual.
Centre	Hospital Universitario Virgen De La Victoria.

CASE PRESENTATION

A 26-year-old woman who came to the emergency due to difficulty walking for 2-3 weeks after accidental fall backwards. Exploration: generalized hyperreflexia with spastic paraparesis. CT scan of the cervico-lumbar spine with the following findings: disc protrusion C6-C7 of 3 mm, which decreases the caliber of the medullary canal. Increase of the posterior disc space C5-C6 with respect to the anterior portion as a possible involvement (rupture) of the posterior ligamentous complex.

MRI study was completed: right posterolateral disc protrusion C6-C7, possibly of posttraumatic origin, with alteration of the medullary signal intensity compatible with area of medullary edema and encephalomalacia.

DISCUSSION

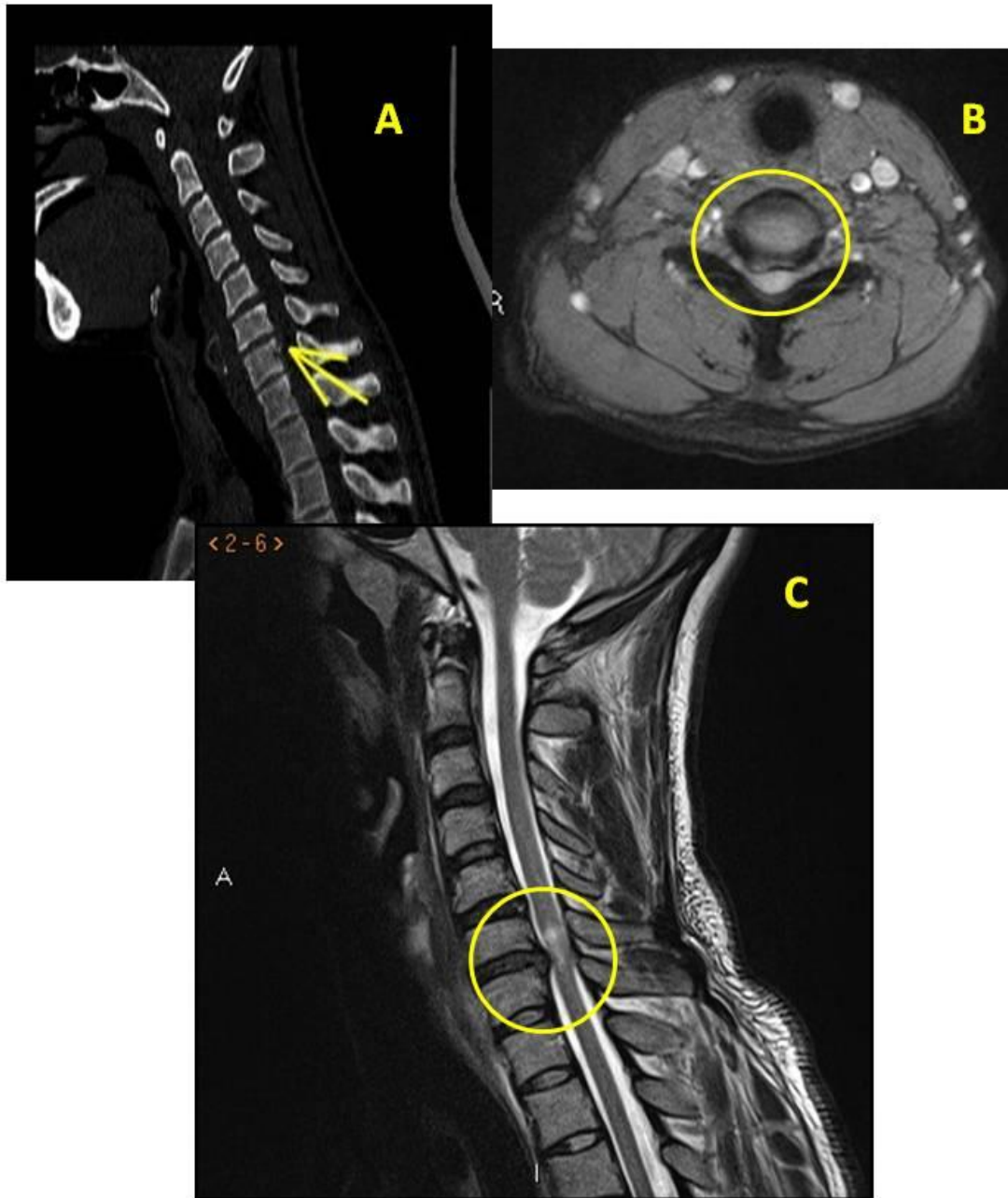
The disc pathology is very prevalent in our environment; It is influenced by multiple factors: genetic, environmental, hygienic-postural measures (1). It seems that the pure traumatic cause is very infrequent [although there are discrepancies in this respect (2)], with more followers the theory that there are underlying or previous degenerative changes so that, in the event of moderate-high intensity trauma, disc pathology occurs.

The imaging tests that we have available in our emergency department, mainly CT, are useful for an initial bone diagnostic approach but it is difficult to assess the intervertebral discs and spinal cord as well as to differentiate whether or not it is an acute process, so the key will be the Radiological-clinical correlation in a first time.

If the suspicion of medullary-disc involvement is high and the CT does not provide conclusive results, it will be necessary to complete the study with an MRI to be able to discern between chronic and acute pathology according to how it behaves in the different sequences.

CONCLUSION

We must perform a methodical analysis of the post-traumatic spine beginning by identifying the correct morphology and location of the different anatomical elements and continuing with the assessment of possible vertebral fractures, occupation of the medullary canal, protrusion of intervertebral discs .



Sagittal section (A) of CT: occupation of the posterior medullary canal by disc protrusion (arrow).

Axial (B) and sagittal (C) section of MRI in T2: hyperintensity in C6 intervertebral disc with associated edema.

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