

Subaxial cervical spine (C3–C7)

Subaxial cervical spine (C3–C7)

The pattern of lower cervical spine injury depends on the mechanism of trauma. These include compression fractures (hyperflexion), burst fractures (axial compression), facet subluxation/dislocation injuries (distraction–flexion), teardrop fractures (hyperextension) and fracture of posterior elements. The more severe injuries may have an associated spinal cord injury (Figure 30.30a). Operative intervention may be required to decompress the spinal cord and to stabilise the spine with internal fixation (Figure 30.30b). Facet subluxation/dislocation ranges in severity from minor instability to complete dislocation with spinal cord injury (Figure 30.31).

(b) Figure 30.30 (a) Cervical burst fracture with spinal cord contusion; (b) /uni00A0 treated with anterior decompression and reconstruction.

Subaxial cervical spine (C3–C7)

The pattern of lower cervical spine injury depends on the mechanism of trauma. These include compression fractures (hyperflexion), burst fractures (axial compression), facet subluxation/dislocation injuries (distraction–flexion), teardrop fractures (hyperextension) and fracture of posterior elements. The more severe injuries may have an associated spinal cord injury (Figure 30.30a). Operative intervention may be required to decompress the spinal cord and to stabilise the spine with internal fixation (Figure 30.30b). Facet subluxation/dislocation ranges in severity from minor instability to complete dislocation with spinal cord injury (Figure 30.31).

(b) Figure 30.30 (a) Cervical burst fracture with spinal cord contusion; (b) /uni00A0 treated with anterior decompression and reconstruction.

Subaxial cervical spine (C3–C7)

The pattern of lower cervical spine injury depends on the mechanism of trauma. These include compression fractures (hyperflexion), burst fractures (axial compression), facet subluxation/dislocation injuries (distraction–flexion), teardrop fractures (hyperextension) and fracture of posterior elements. The more severe injuries may have an associated spinal cord injury (Figure 30.30a). Operative intervention may be required to decompress the spinal cord and to stabilise the spine with internal fixation (Figure 30.30b). Facet subluxation/dislocation ranges in severity from minor instability to complete dislocation with spinal cord injury (Figure 30.31).

(b) Figure 30.30 (a) Cervical burst fracture with spinal cord contusion; (b) /uni00A0 treated with anterior decompression and reconstruction.

Revision #1

Created 2025-12-31 15:13:09 UTC by Omar Ayman

Updated 2025-12-31 15:13:09 UTC by Omar Ayman