Axis body fracture

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Body fractures – Involve the vertebral body of C2 (excluding the dens or pars).

 Axis Body Fracture Characteristics: Less common than odontoid or hangman's fractures.

Often result from high-energy trauma (e.g., motor vehicle accidents).

Can be stable or unstable, depending on displacement, comminution, and involvement of adjacent structures like the vertebral artery foramen.

Benzel Axis body fracture classification.

 CT is the imaging modality of choice for initial assessment. Add **MRI** if there is neurological deficit or suspected ligamentous injury.

 Diagnosis: CT scan is the gold standard for evaluating bony anatomy.

MRI may be needed to assess ligamentous injury or spinal cord involvement.

⚕ Management: Stable fractures: Often treated conservatively with a hard cervical collar or halo vest.

Unstable or displaced fractures: May require surgical stabilization (e.g., anterior cervical plating, posterior fusion, or odontoid screw if dens is involved).

Treatment

Axis body fracture treatment