

Axis Body Fracture Treatment

Axis body fractures involve the vertebral body of C2 without affecting the dens or pars interarticularis. These are considered **atypical C2 fractures**.

□ Key Concepts

- Mechanism: axial loading, flexion-compression, or hyperextension.
- Sometimes associated with other cervical spine injuries.
- Stability depends on displacement, comminution, and ligamentous injury (esp. at C2–C3).



Note: The integrity of the C2–C3 disc space and alignment is critical for assessing stability.

↓ Management Overview

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Stable, Non-displaced Fractures

- **Treatment:** Conservative
- **Method:** Rigid cervical collar (e.g., Philadelphia collar) for 6–12 weeks
- **Monitoring:** Serial CT or MRI
- **Criteria for stability:**
 1. No displacement or angulation
 2. No neurological symptoms
 3. Preserved alignment

Unstable or Displaced Fractures

- **Indications for surgery:**
 1. Significant displacement or angulation
 2. Neurological deficits
 3. C2–C3 instability or disc disruption
 4. Failure of conservative management
- **Surgical options:**
 1. Posterior C2–C3 fixation and fusion (common)
 2. Anterior C2–C3 discectomy and fusion (select cases)

Elderly Patients

- Higher risk of nonunion with conservative care
- Usually treated with a rigid collar (halo vest less tolerated)
- Surgery considered if progressive symptoms or instability

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Summary Table

Fracture Type	Stability	Treatment
Non-displaced, stable	Stable	Cervical collar, monitor with imaging
Displaced or unstable	Unstable	Posterior or anterior surgical fusion
With neurological symptoms	Unstable	Surgical decompression + fixation

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