

# Cervical bilateral locked facet

Occurs with disruption of [ligaments](#) of [cervical facet joints](#), [ligamentum flavum](#), longitudinal and [interspinous ligament](#), and the [annulus fibrosus](#).

Rare. Most common at C5-C6 or C6-C7. 65-87 % have complete [quariplegia](#). 13- 25 % incomplete , = or < 10 % are intact. Adjacent [cervical spine fractures](#) occurs in 40-60 % <sup>1) 2)</sup> The management of 15 cases of bilateral locked facets of the cervical spine is reviewed. The C-6, C-7 interspace was the most common interspace involved. There were 4 females and 11 males who were 16 to 63 years old (average, 26 years). Thirteen patients had a complete spinal cord lesion with loss of function below the level of the locked facets. Two had intact dorsal column function. One patient had an ascending spinal cord deficit, which did not change after open reduction. The remainder had no change in spinal cord function after reduction. However, after reduction, 1 patient had a transient root deficit and 2 patients improved in the function of the involved roots. Closed reduction was accomplished by (a) skeletal traction and weight application, (b) manual reduction under sedatives, or © manual reduction under general anesthesia. Five patients required open reduction. The failure of closed reduction was attributed to accompanying fractures of one of the facets in 2 cases, increasing neurological deficits during traction in 2 cases, and associated higher cervical fractures in 1 case. Internal stabilization with wire and bone or external stabilization with a halo vest or a brace was used. Twelve patients were followed for 1 1/2 to 7 years (average, 2.7 years). Stabilization after reduction was successful irrespective of the methods used. The various methods of reduction and stabilization are reviewed and discussed <sup>3)</sup>.

<sup>1)</sup>

Allen BL Jr, Ferguson RL, Lehmann TR, O'Brien RP. A mechanistic classification of closed, indirect fractures and dislocations of the lower cervical spine. Spine (Phila Pa 1976). 1982 Jan-Feb;7(1):1-27. PubMed PMID: 7071658.

<sup>2)</sup>

Payer M., Schmidt MH. Management of traumatic bilateral locked facets of the subaxial cervical spine. Contemp. Neurosurg.2005. 27; 1-4

<sup>3)</sup>

Sonntag VK. Management of bilateral locked facets of the cervical spine. Neurosurgery. 1981 Feb;8(2):150-2. PubMed PMID: 7207780.

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