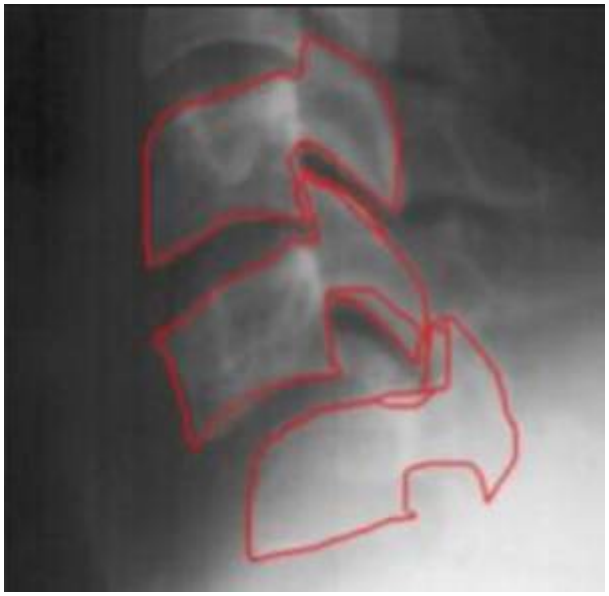
Cervical locked facet

- Management of Subaxial Cervical Spine Injury with Unilateral Locked Facet: An Institutional Experience
- Reduction of traumatic unilateral locked facet of the subaxial cervical spine: what predicts successful closed skeletal traction, and is anterior or posterior surgery superior after unsuccessful closed reduction?
- MRI-Based Surgical Planning for Irreducible Subaxial Cervical Fracture-Dislocation With Bilateral Locked Facet Joints: A Retrospective Cohort Study
- Clinical and radiographic outcomes of posterior cervical arthrodesis and stabilization via lateral mass screwing and rod fixation: a retrospective study at a tertiary hospital in Addis Ababa, Ethiopia
- Skull traction reattachment combined with ACDF in the treatment of C2-C3 transverse dislocation with unilateral cervical facet locked: A case report
- Cervical spine fracture dislocation with mild neurological deficits
- Treatment of failed cervical total disc replacements in a series of 53 cases and description of a management strategy
- Delayed Unilateral Facet Interlocking After a Stable Superior Articular Process Fracture of the Cervical Spine: A Case Report

see also Cervical facet dislocation.

Several cervical flexion injuries can result in locked facets (AKA sprung facets, jumped facets) with reversal of the normal shingled relationship between facets (normally the inferior facet of the level above is posterior to the superior facet of the level below).



Involves disruption of facet joint capsule.

Facets that have not completely locked but have had significant ligamentous disruption allowing distraction just short of the point of locking are known as perched facets.

Classification

see Cervical bilateral locked facet.

see Cervical unilateral locked facet.

Clinical features

Traumatic facet dislocations in the subaxial cervical spine, also known as locked facets, are commonly associated with neurological deficits.

Diagnosis

It is difficult to detect this fracture by routine plain radiographs.

Will produce subluxation

see Cervical unilateral locked facet diagnosis.

Sagittal CT: Usually the optimal manner to identify locked facets.

As the injury of ligamentous structures, intervertebral disc and spinal cord can be demonstrated easily with MRI.

MRI performed at acute phase can give more information about instability and will be helpful in planning the kind of management. However, this opinion still needs to be evaluated with a clinical study in a larger sample [1)].

Treatment

see Cervical locked facet treatment.

1)
http://www.nature.com/sc/journal/v42/n8/full/3101623a.html