Cervical spine tenderness

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There is little evidence to guide management of pediatric patients with persistent cervical spine tenderness after trauma but with negative initial imaging study findings.

A single-center, retrospective study of subjects 1 year to 15 years of age discharged in a rigid cervical spine collar after blunt trauma over a 5-year period. We included patients with negative imaging results who were maintained in a collar because of persistent midline cervical spine tenderness. Primary outcome was clinically significant cervical spine injury. Secondary outcome was continued use of the collar after follow-up. Outcomes were ascertained from the medical record or self-report via telephone call.

A total of 307 subjects met inclusion criteria, of whom 289 (94.1%) had follow-up information available (89.6% in chart, 10.4% via telephone call). Of those with follow-up information, 189 (65.4%) had subspecialty follow-up in the spine clinic. Of those with spine clinic follow-up, 84.6% had the hard collar discontinued at the first visit (median time to visit, 10 days). Of subjects with spine clinic follow-up, 10.1% were left in the collar for persistent tenderness without findings on imaging and 2.1% had imaging findings related to their injury; none required surgical intervention.

A very small percentage of subjects with persistent midline cervical spine tenderness and normal radiographic study findings have a clinically significant cervical spine injury identified at follow-up. Referral for subspecialty evaluation may only be necessary in a small number of patients with persistent tenderness or concerning signs/symptoms¹⁾.

1)

Dorney K, Kimia A, Hannon M, Hennelly K, Meehan WP 3rd, Proctor M, Mooney DP, Glotzbecker M, Mannix R. Outcomes of pediatric patients with persistent midline cervical spine tenderness and negative imaging result after trauma. J Trauma Acute Care Surg. 2015 Nov;79(5):822-7. doi: 10.1097/TA.00000000000847. PubMed PMID: 26496108.

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