

Closed reduction of locked facets

- [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?](#)
- [Odontoid Fracture with Locked Posterolateral Atlantoaxial Dislocation: A Case Report and Review of Literature](#)
- [Management of Lunate Facet Escape after Distal Radius Fracture Volar Plating: Surgical Technique](#)
- [Convergent dislocation of the elbow in adults: A retrospective study](#)
- [Surgical outcome of locked facet in distractive flexion injury of the subaxial cervical spine: Single institution retrospective study](#)
- [Surgical Treatment of Irreducible Acute Traumatic Atlantoaxial Rotatory Subluxation in an Adult](#)
- [Classification of unilateral cervical locked facet with or without lateral mass-facet fractures and a retrospective observational study of 55 cases](#)

Contraindicated if traumatic [cervical disc herniation](#) is demonstrated on MRI.

[Cervical spine fracture-dislocations](#) in neurologically intact patients represent a surgical challenge due to the risk of inflicting iatrogenic [spinal cord compression](#) by closed reduction maneuvers. The use of MRI for early advanced imaging in these injuries remains controversially debated.

The diagnostic evaluation of cervical fracture-dislocations should include advanced imaging by MRI in order to fully understand the injury pattern prior to proceeding with spinal reduction maneuvers which may impose the imminent threat of a devastating iatrogenic injury to the spinal cord. The presented staged management by initial Halo fixation without attempts for spinal reduction, followed by a surgical decompression and multilevel fusion, appears to represent a feasible and safe strategy for patients at risk of a delayed neurological injury ¹⁾.

Patients who cannot be assessed neurologically may be done using [SSEP/MEP](#) monitoring. Two methods of closed reduction:

Skull traction for closed reduction of locked facets

- [Multicentre comparative study of Z-shape elevating-pulling reduction and skull traction reduction for treatment of lower cervical locked facets](#)
- [Management of irreducible unilateral facet joint dislocations in subaxial cervical spine: two case reports and a review of the literature](#)
- [Cervical Posttraumatic Unilateral Locked Facets: Clinical, Radiologic, and Surgical Remarks on a Series of 33 Patients](#)
- [Treatment of cervical dislocation with locked facets](#)
- [Closed reduction of bilateral locked facets of the cervical spine under general anaesthesia](#)

[Halo-vest](#)-assisted Z-shape elevating-pulling reduction appears to be a simple, safe, and effective technique for pre-operative reduction of lower cervical locked facets ²⁾.

Unilateral facet joint dislocations of subaxial cervical spine are difficult to reduce when complicated with posterior facet fractures or ligamentous injury. Magnetic resonance imaging can be beneficial for identifying ventral and dorsal compressive lesions, as well as ligamentous or capsule rupture. The combination of posterior reduction and anterior fixation with fusion has advantages in terms of clinical safety, ease of operation, and less iatrogenic damage ³⁾.

¹⁾

Botolin S, VanderHeiden TF, Moore EE, Fried H, Stahel PF. The role of pre-reduction MRI in the management of complex cervical spine fracture-dislocations: an ongoing controversy? Patient Saf Surg. 2017 Sep 8;11:23. doi: 10.1186/s13037-017-0139-8. eCollection 2017. PubMed PMID: 28904564; PubMed Central PMCID: PMC5591568.

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Wang X, An W, Wu Q, Wu S, Li G, Zeng J, Chen Y, Yao G. Multicentre comparative study of Z-shape elevating-pulling reduction and [skull traction](#) reduction for treatment of lower cervical locked facets. Int Orthop. 2019 May;43(5):1255-1262. doi: 10.1007/s00264-018-4041-5. Epub 2018 Jul 9. PMID: 29987557.

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Zhou Y, Zhou Z, Liu L, Cao X. Management of irreducible unilateral facet joint dislocations in subaxial cervical spine: two case reports and a review of the literature. J Med Case Rep. 2018 Mar 21;12(1):74. doi: 10.1186/s13256-018-1609-z. PMID: 29558996; PMCID: PMC5861664.

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