

# Hangman's fracture clinical features

Most ( $\approx 95\%$ ) are neurologically intact, those few with deficits are usually minor (paresthesias, monoparesis...) and many recover within one month.

Almost all conscious patients will have **cervical pain** usually in the upper posterior **cervical region**, and **occipital neuralgia** is not uncommon.

There is a high incidence of associated head injury and there will be other associated C-spine injuries —e.g. C1 fracture (see above) or clay shoveler's fracture—in  $\approx$  one third, with most occurring in the upper 3 cervical levels. There are usually external signs of injury to the face and head associated with the hyperextending and axial force.

Post-traumatic neck pain after a high-velocity hyperextension injury is the most common presentation.

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