A 62-year-old male patient presented with limited cervical mobility after a violent rotation of the neck due to neck discomfort. X-ray and computed tomography (CT) scan suggested atlantoaxial dislocation. Sudden respiratory and cardiac arrest during transportation was immediately followed by continuous cranial traction and successful occipital and neck fusion operation.

Results: After the successful rescue of endotracheal intubation, the patient was given continuous cranial traction. After the completion of CT scan, the patient was given occipital neck fusion, and 6 days after the surgery, the patient wore the skull-neck-thorax brace and walked freely.

Conclusion: Continuous cranial traction and posterior occipitocervical fusion are effective methods for treating axial pathological fracture with atlantoaxial dislocation ¹⁾.

Vertebral artery arteriovenous fistula (AVF), after latrogenic vertebral artery injury (VAI), is a rare but serious complication of upper cervical spine fixation surgery.

Qian et al., report a case of a 59-year-old female patient who had a vertebral AVF following transpedicular occipitocervical fixation surgery. Endovascular embolization of the AVF was successfully performed using ethylene vinyl alcohol. From this case they learned that preoperative evaluation of the course of the vertebral artery is necessary, and vertebral artery embolism is an effective and safe method to treat vertebral AVF after proof of a patent second vertebral artery ²⁾.

Yuan X, Wan L, Hu J, Zhang W. A Case Report of Complete Dislocation of Atlantoaxial Joint due to a Traumatic and Pathological Axial Lesion. Int J Spine Surg. 2021 Feb;14(s4):S5-S9. doi: 10.14444/7157. Epub 2021 Jan 18. PMID: 33900937; PMCID: PMC7888198.

Qian R, Li Z, Li M. Vertebral Arteriovenous Fistula: A Rare Complication Following Transpedicular Occipitocervical Fixation in a Patient with Atlantoaxial Dislocation. J Neurol Surg A Cent Eur Neurosurg. 2018 Jul 2. doi: 10.1055/s-0038-1655771. [Epub ahead of print] PubMed PMID: 29966140.

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