

Odontoid fracture clinical features

The frequency of fatalities at the time of the [accident](#) resulting directly from [odontoid fractures](#) is unknown, it has been estimated as being between 25–40%. 82% of patients with Type II fractures in a review of 7 reports in the literature were neurologically intact, 8% had minor deficits of scalp or limb sensation, and 10% had significant deficits (ranging from monoparesis to quadriplegia).

Type III fractures are rarely associated with neurologic injury.

Common symptoms are high posterior [cervical pain](#), sometimes radiating in the distribution of the greater [occipital nerve](#) ([occipital neuralgia](#)). Almost all patients with high posterior cervical pain will also have paraspinal muscle spasm, reduced range of motion of the neck, and tenderness to palpation over the upper cervical spine. A very suggestive finding is the tendency to support the head with the hands when going between the upright and supine position. [Paresthesias](#) in the upper extremities and slight exaggeration of muscle stretch reflexes may also occur. [Myelopathy](#) may develop in patients with non-union.

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