Pediatric cervical spine injury classification

- A Review of Sports-Related, Life-Threatening Injuries Presenting to Emergency Departments, 2009-18
- Pediatric Upper Cervical Spine Injuries: a Systematic Review
- Pediatric Cervical Spine Trauma: A Narrative Review
- The hidden value of MRI: modifying treatment decisions in C-spine injuries
- Validation of the Subaxial Cervical Spine Injury Classification score in children: a single-institution experience at a level 1 pediatric trauma center
- PECARN prediction rule for cervical spine imaging of children presenting to the emergency department with blunt trauma: a multicentre prospective observational study
- Triage tools for detecting cervical spine injury in paediatric trauma patients
- Trends and variation in cervical spine imaging utilization across children's hospitals for pediatric trauma

The distribution of injuries, when they do occur, differs according to age. Young children aged less than 8 years usually have upper cervical injuries because of the anatomic and biomechanical properties of their immature spine, whereas older children, whose biomechanics more closely resemble those of adults, are prone to lower cervical injuries.

Pediatric Upper Cervical Spine Injury

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Pediatric Subaxial Cervical Spine Injury

see Pediatric Subaxial Cervical Spine Injury

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Distorsion/whiplash injury

Distorsion/whiplash injury.

Pseudosubluxation

Pseudosubluxation is a term used to describe a normal finding in children where the alignment of the cervical spine appears to be subluxed or dislocated on X-ray. In young children, the ligaments that

hold the vertebrae together are looser, and the bones are not fully formed, so the cervical spine may appear to be misaligned when in fact it is normal. Pseudosubluxation is a normal finding in young children and is not a cause for concern unless other signs or symptoms suggest a cervical spine injury or abnormality.

C2-3 pseudosubluxation is a normal finding in young children where the alignment of the C2 and C3 vertebrae appears to be subluxed or dislocated on X-ray. As with all instances of pseudosubluxation, this is due to the relative looseness of the ligaments that hold the vertebrae together in young children, and the fact that the bones are not fully formed. C2-3 pseudosubluxation is a common finding in children and is not typically a cause for concern unless there are other signs or symptoms that suggest a cervical spine injury or abnormality.

Occipital condyle fracture

An occipital condyle fracture is a type of skull fracture that involves a break in the bony protuberance on either side of the foramen magnum (the large hole at the base of the skull through which the spinal cord passes). Occipital condyle fractures are relatively rare and are often associated with high-energy trauma such as motor vehicle accidents or falls from a height.

The most common symptoms of an occipital condyle fracture include neck pain, headache, and difficulty moving the head or neck. Other symptoms may include numbness or tingling in the arms or legs, or difficulty with coordination or balance.

Treatment of an occipital condyle fracture depends on the severity of the injury and whether there is associated damage to the spinal cord or other structures. In some cases, conservative management such as rest and immobilization of the neck may be sufficient, while more severe fractures may require surgical intervention.

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