

Subaxial cervical spine injury diagnosis

- [Comprehensive Review of Multidetector Computed Tomography \(MDCT\) in the Assessment of Blunt Cervical Spine Trauma in Adults](#)
- [The Impact of Atlantoaxial Intra-Articular Fusion on Cervical Spine Curvature and Sagittal Balance](#)
- [Management of Subaxial Cervical Spine Injury with Unilateral Locked Facet: An Institutional Experience](#)
- [Calcium pyrophosphate dihydrate crystal deposition \(CPPD\) in the retro-odontoid tissue with compression of cervicomedullary junction: Analysis of 46 cases \(1984-2020\) with literature review](#)
- [Surgical Management of Facet Fracture Dislocations of the Subaxial Spine: A Retrospective Cohort Study](#)
- [MRI-Based Surgical Planning for Irreducible Subaxial Cervical Fracture-Dislocation With Bilateral Locked Facet Joints: A Retrospective Cohort Study](#)
- [Clinical Outcome of lateral mass screws for traumatic sub-axial facet dislocation](#)
- [Treatment Strategy for Subaxial Minimal Facet/Lateral Mass Fractures: A Comprehensive Clinical Review](#)

Initial evaluation

Due to the potentially catastrophic nature of [cervical spine instability](#) as a result of trauma, it is necessary to perform a meticulous and standardized clinical and radiographic evaluation. A patient with suspected [cervical spine trauma](#) should be evaluated and managed through the initial standardized approach as outlined by the [Advanced Trauma Life Support](#) algorithm and beginning with assessments of the airway, breathing, and circulation. Following this evaluation, if [cervical spine injury](#) is suspected, the [neck](#) should be protected as posterior cervical palpation proceeds to identify any [tenderness](#) or step-offs. In addition, inspecting a patient's cervical posture for angular or rotational malalignments can hint to [dislocations](#) or [subluxation](#). The upper torso, head, and neck can be evaluated for signs of trauma as this can hint to the type of force applied to the [cervical spine](#) during the trauma event. A patient should be log rolled while maintaining cervical spine stability to evaluate the entire spinal axis.

Details of the accident can lend helpful insight into the energy pattern to produce specific [subaxial cervical spine](#) trauma. Furthermore, it is important to identify other comorbid conditions that have a greater propensity for injury to the [cervical spine](#) such as previous cervical spine procedures, ankylosing spondylitis (AS), diffuse idiopathic skeletal hyperostosis (DISH), or other connective tissue disorders leading to ligamentous hyperlaxity.

Computed tomography and reconstructions allow for accurate radiologic identification of subaxial cervical spine trauma in most cases.

Magnetic resonance imaging can be utilized to evaluate the stabilizing discoligamentous complex, the nerves, and the spinal cord.

Last
update: subaxial_cervical_spine_injury_diagnosis https://neurosurgerywiki.com/wiki/doku.php?id=subaxial_cervical_spine_injury_diagnosis
2024/06/07 02:59

From:
<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:
https://neurosurgerywiki.com/wiki/doku.php?id=subaxial_cervical_spine_injury_diagnosis

Last update: **2024/06/07 02:59**

