

Only a few clinical cases of cerebral [arterial air embolism](#) during [spinal surgery](#) are published. It seems important not to overlook this diagnosis in order to initiate rapid appropriate treatment. This was a suspected case of paradoxical gas embolism revealed postoperatively by neurological deficits and whose recovery was noted during hyperbaric oxygen treatment. Unfortunately, no complementary examination showed gas embolism and only the context, the clinical picture and the case evolution evoke this diagnosis. The diagnostic difficulty in the immediate postoperative period is highlighted ¹⁾.

Cruz et al., present a case of VAE that occurred during posterior cervical spine surgery in a patient in the [prone position](#), a rare intraoperative complication. The patient was a 65-year-old man who was undergoing a C1-2 fusion for a nonunion of a Type II dens fracture and developed a VAE. While VAE in the prone position is uncommon, it is a neurosurgical complication that may have significant clinical implications both intraoperatively and postoperatively. The aim of this review is 2-fold: 1) to improve the general knowledge of this complication among surgeons and anesthesiologists who may not otherwise suspect air embolism in patients positioned prone for posterior cervical spine operations, and 2) to formulate preventive measures as well as a plan for prompt diagnosis and treatment should this complication occur ²⁾.

¹⁾

Bapteste L, Kamar Z, Mazaud A, Balança B. Air embolism during lumbar surgery in the prone position. *Diving Hyperb Med.* 2021 Sep 30;51(3):303-305. doi: 10.28920/dhm51.3.303-305. PMID: 34547783.

²⁾

Cruz AS, Moisi M, Page J, Shane Tubbs R, Paulson D, Zwillman M, Oskouian R, Lam A, Newell DW. Venous air embolus during prone cervical spine fusion: case report. *J Neurosurg Spine.* 2016 Dec;25(6):681-684. PubMed PMID: 27448172.

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