Trauma C-Spine CT

- 66 yo male that presented on 2/29/2016 with neck pain after a fall from the couch
- The patient does endorse tingling in the bilateral upper extremities
- The patient has a history of ESRD (on hemodialysis), HIV, and DM
- Outside CT interpretation was a C5 fracture with retropulsion

















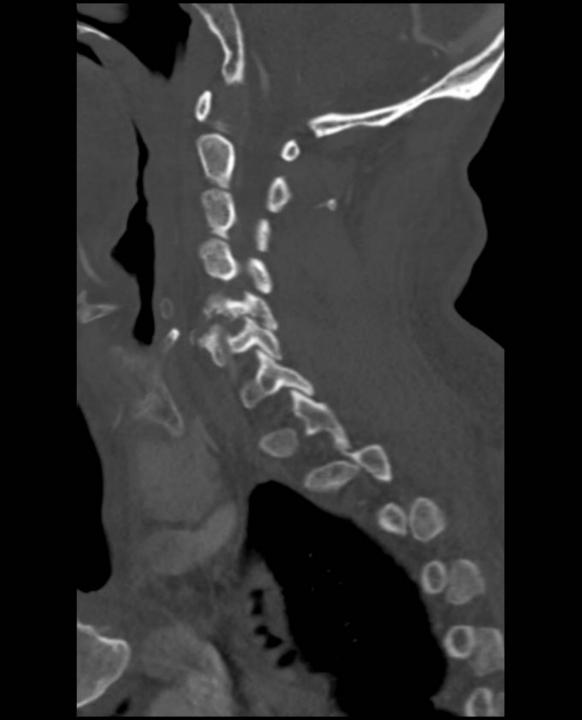


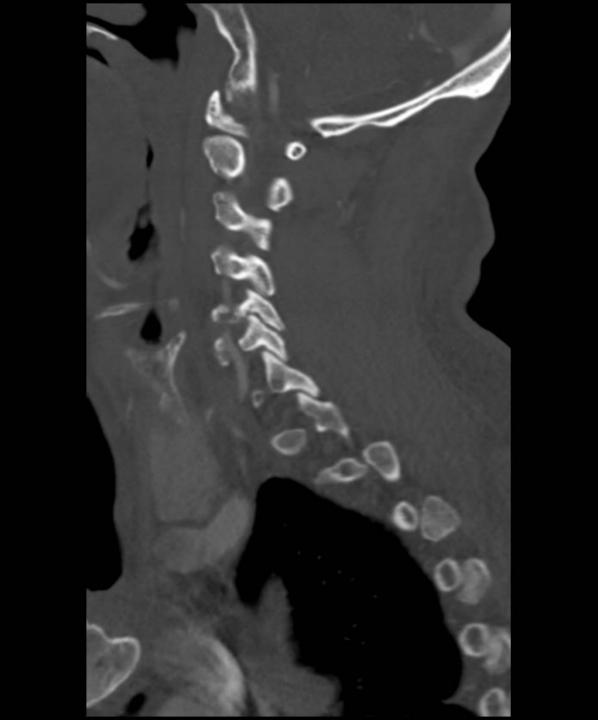


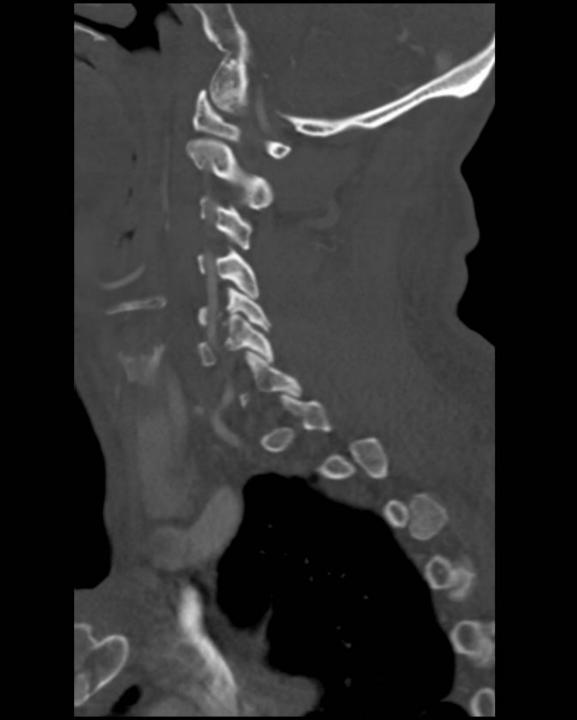


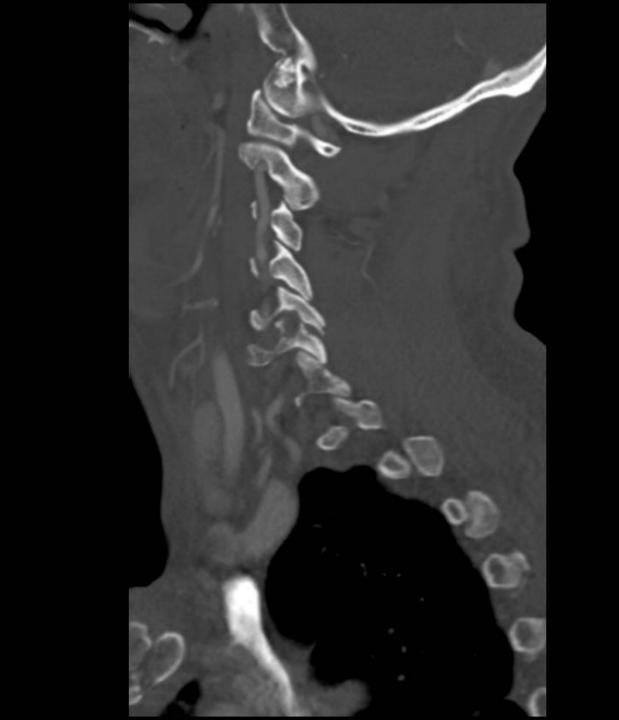


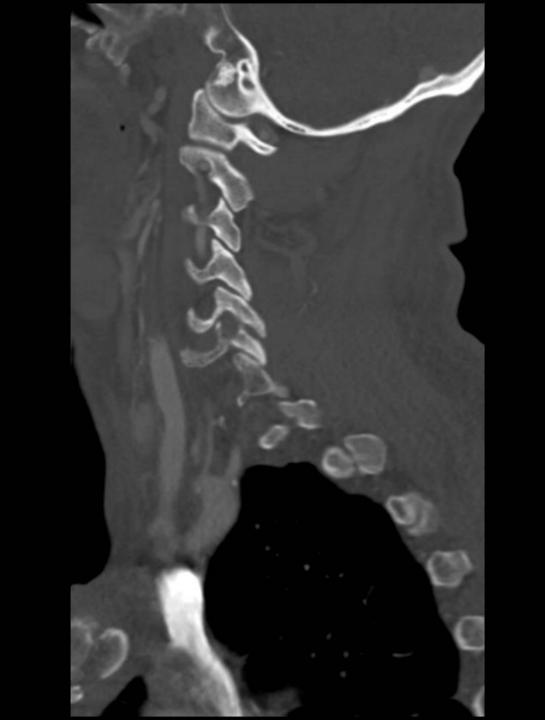


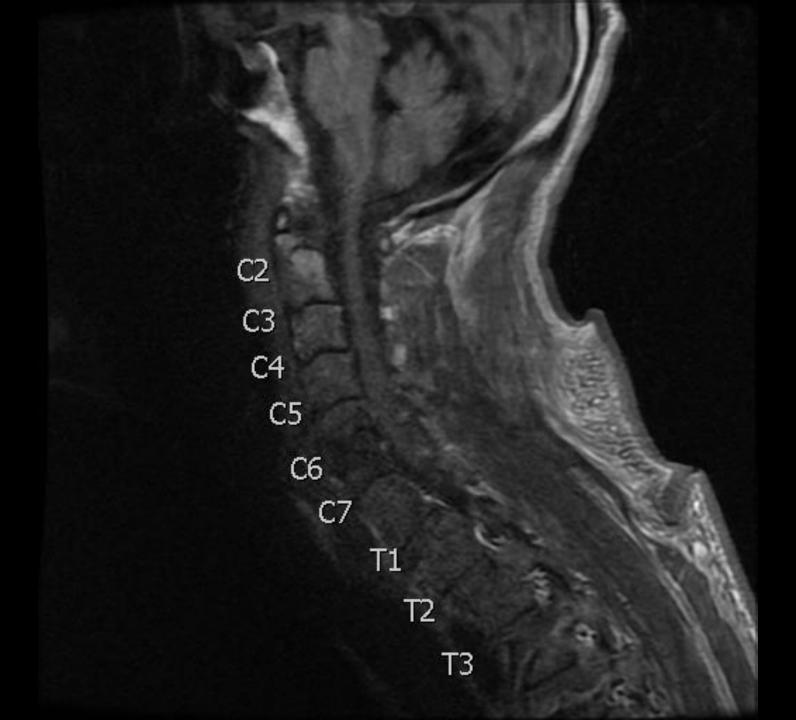




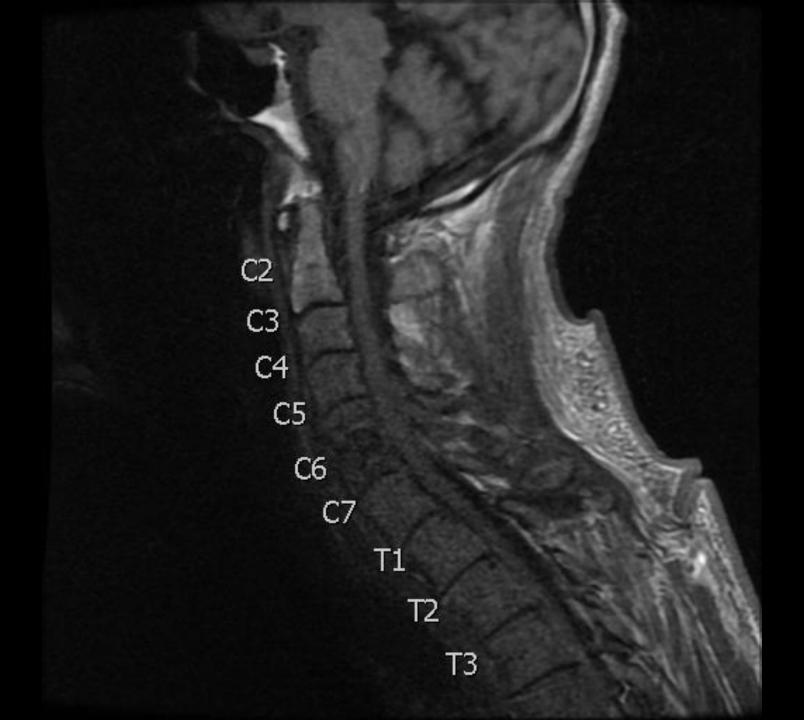




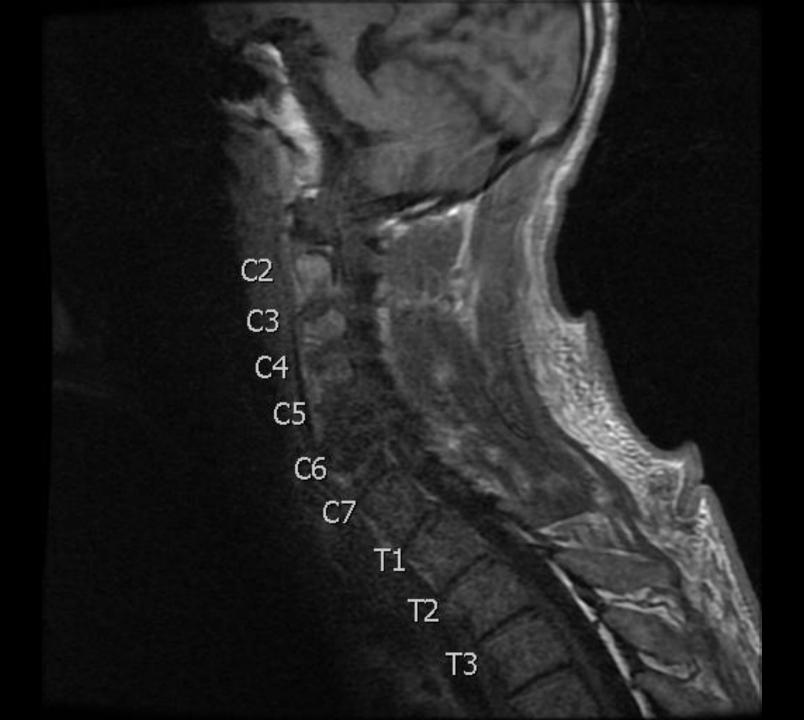


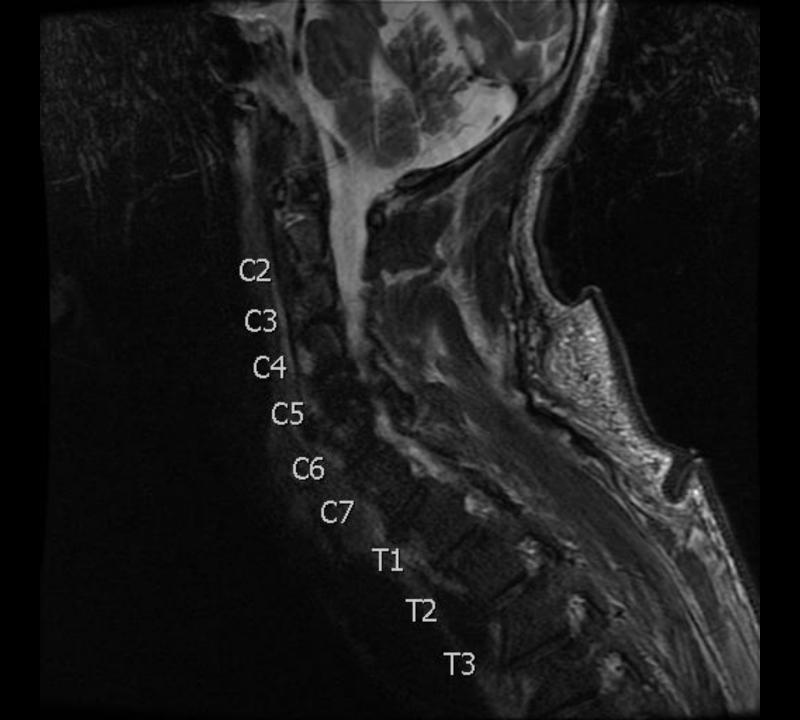




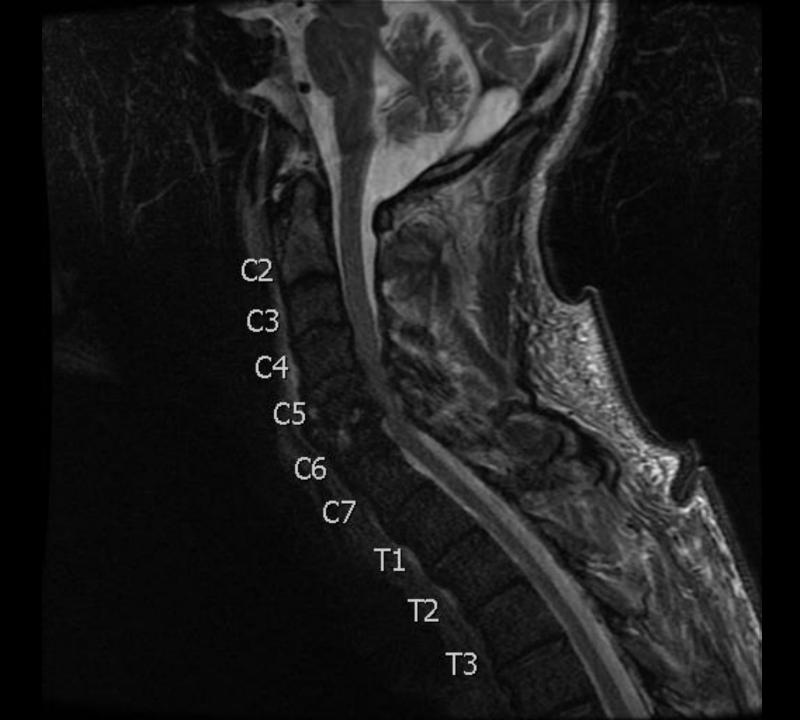


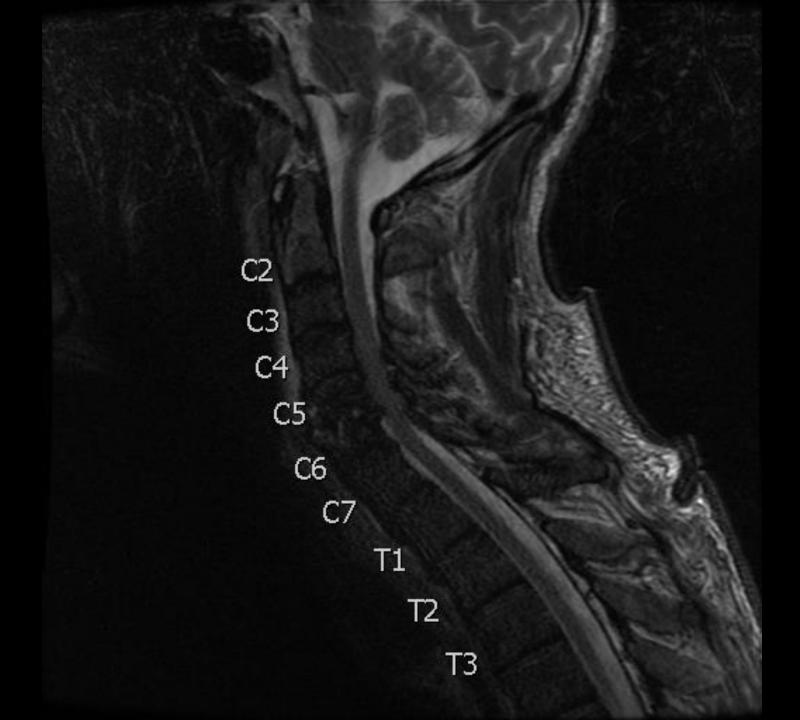


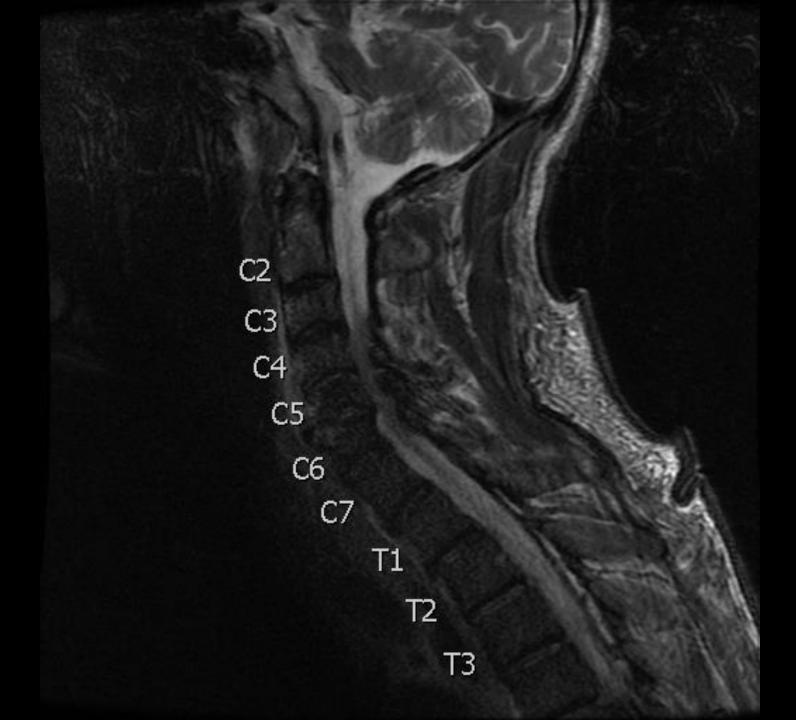






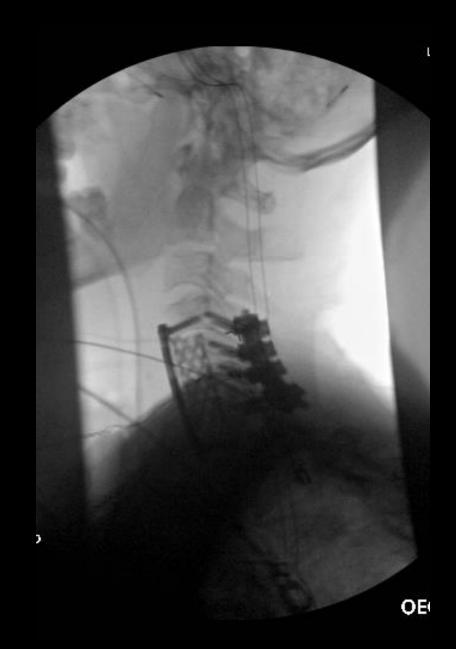












Destructive spondyloarthropathy

- Serious complication of chronic hemodialysis
- Vague clinical presentation with neck pain, back pain; however, the patients are commonly asymptomatic
- Amyloid deposits, composed of β2-microglobulin, are the implicated cause
- Characterized by rapidly progressive radiographic abnormalities
- Predilection for the lower cervical spine, but can affect the thoracic and lumbar spine as well. Involvement of the craniocervical junction is rare



Destructive spondyloarthropathy



Radiographic features:

- Narrowing or obliteration of the intervertebral disk space
- Erosion/resorption of subchondral bone in the opposing endplates of vertebral bodies
- Can have cystic lesions;
- Subchondral bone sclerosis
- Minimal osteophytosis

Destructive spondyloarthropathy

- Differentiation of this disease process from infectious spondylitits/discitis can be difficult
- However, DS will typically exhibit both low T1 and T2 signal.
- Infectious processes have increased T2 signal Will typically
- However, a lot of literature does describe areas of increased T2 signal in cases of DS





References

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