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

- However, a lot of literature does describe areas of increased T2 signal in cases of DS
References


