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IMAGES OF SPINE CARE

Paraplegia caused by thoracic fracture dislocation in a young patient and management: case report

A 17-year-old girl was brought to our hospital after sustaining injuries in a vehicle collision. The patient was conscious and cooperated; she had total plegia and anesthesia under T7. Her anal reflex was absent, and her American Spinal Injury Association (ASIA) score was an A (complete lesion). Radiological investigation revealed a T7 rotation-distraction–type burst fracture. The patient also had a hemothorax, for which a thoracic tube was inserted, and the patient was immediately moved to surgery. The patient underwent emergency posterior large decompression and posterior segmental instrumentation. A thoracic computed tomography obtained in the postoperative period revealed that the T8 right pedicle screw was located medially, and this was corrected with revision surgery. The patient did not show neurologic improvement in the early postoperative period. She was referred to a physical therapy and rehabilitation center. Two years after surgery and completion of a rehabilitation program, neurologic examination showed hypoesthesia below T7. The patient still had motor deficits. There was a minimal increase in anal tonus. Her ASIA score was a B (partial lesion) (Figs. 1–4).

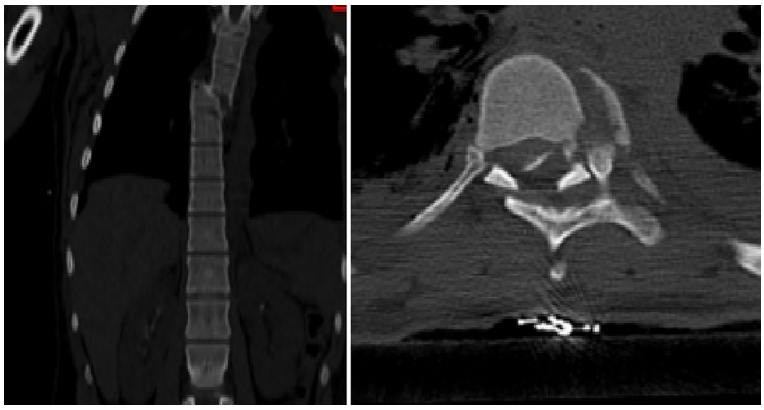


Fig. 1. (Left) Preoperative coronal thoracic computed tomography (CT); (Right) preoperative axial thoracic CT.

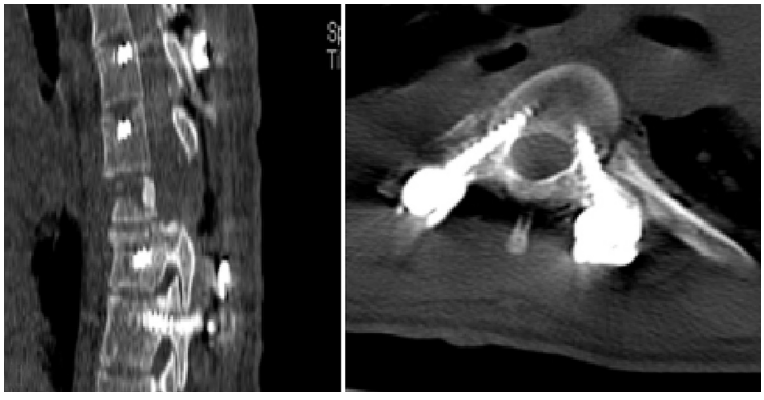


Fig. 2. (Left) First postoperative sagittal computed tomography (CT); (Right) first postoperative axial CT.

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Fig. 3. (Left) Second postoperative coronal computed tomography (CT); (Right) second postoperative axial CT (after revision).

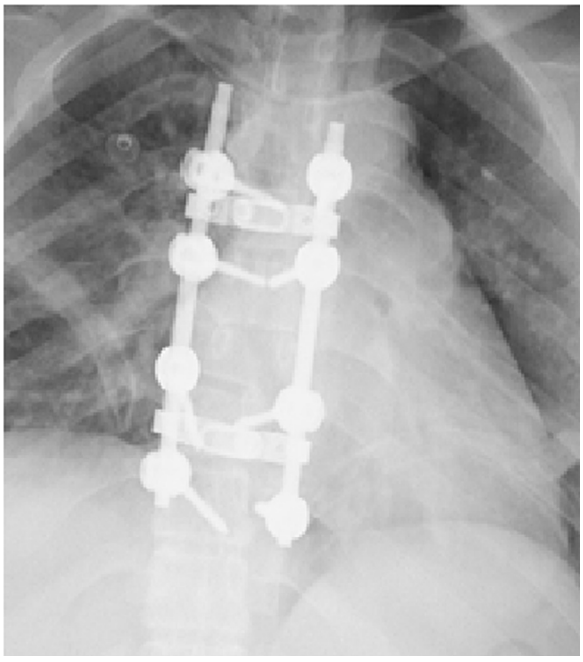


Fig. 4. Posterior-Anterior (PA) lung graphy.

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The authors declare that they have no conflict of interest.