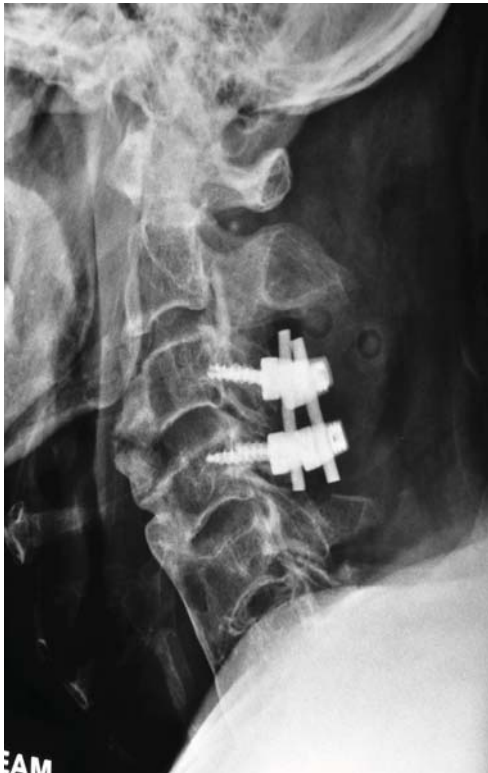


Treatment

Because of the presence of proprioception in his right foot, the injury is deemed to be incomplete tetraplegia which implies the potential for recovery.

Surgery consisted of C3 and C4 laminectomies to decompress the spinal cord. In view of the instability, C3 and C4 lateral mass plating were also performed to provide instrumented fusion on the 5th post injury day.



Results

The day following the surgery, patient's sensations recovered fully. Motor power also started to improve dramatically (especially the lower limbs) from grade zero to grade 2 and continued to improve over his two weeks course of hospitalization to power grade 3. He was then discharged and returned to his country for further rehabilitation.



Discussion

Central Cord Syndrome is common type of cervical spine injury among the elderly. It is commonly sustained when elderly patients fall on their faces causing hyper-extension of cervical spine. This causes compression of the spinal cord. Usually the upper limbs are more severely affected than the lower limbs. Complete paraplegia is uncommon. Varying extent of recovery can usually be expected though complete recovery is unlikely. When the neurological recovery is not apparent and there is evidence of cord compression, surgery to decompress the spinal cord should be performed. In this case the patient had made dramatic recovery following the surgery.

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By orthopaedics International and
Neurosurgery International
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Orthopaedics International, Neurosurgery International and Sports Medicine International are a group of registered specialist practices comprising 8 orthopaedic surgeons, a neurosurgeon and a sports physician. Operating out of 4 locations within Singapore, we aim to provide patients with comprehensive and professional care for all musculoskeletal, neurosurgical and sports -related conditions. Each specialist brings a range of interests, expertise and sub-specializations to the group, and is also a senior doctor with a minimum of 20 to 30 years of relevant clinical experience behind him. We strongly believe in a team approach, so that every patient of ours will be treated with the highest standards of expertise and care that are available.

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Spine Clinics

Acute Severe Central Cord Syndrome

January 2011

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Welcome

Another year has come and gone. Its now 2011. The spine team would like to wish all our readers a Happy and Healthy New Year ahead.

To kick start 2011, we will showcase how early intervention can result in very good outcomes. We will also keep you informed of any CME talks that we are organising this year.

Acute Severe Central Cord Syndrome

Case Study

This 66 years old former airline pilot slipped and fell and landed on his buttock. He became paralysed in all four limbs immediately. He was transferred to Singapore for further treatment. Examination revealed he was paralysed in all four limbs. The motor power of his all four limbs was zero. The sensation to pain and touch was absent from the nipple line. The only sensation below that was proprioception in his right big toe.

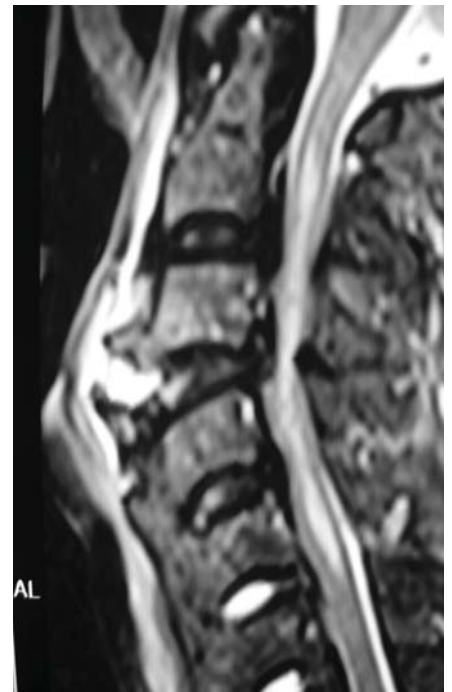
He was diagnosed as having severe central cord syndrome.

Investigations

X-Ray of his cervical spine showed



extensive ossification of posterior longitudinal ligament (OPLL) extending from C2 to C6 segments.



There was also presence of Diffuse Idiopathic Skeletal Hyperostosis (DISH). MRI of this cervical spine showed severe narrowing of spinal canal at C3-4 segment with cord compression and cord odema. He was diagnosed as having severe central cord syndrome.