

*Prikazi bolesnika/
Case reports*

UNDIAGNOSED NECK INJURY

NEDIJAGNOSTIKOVANA
POVREDA VRATA

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Abstract

Key words:

rehabilitation, luxation, fracture of vertebra

Ključne reči:

rehabilitacija, luksacija, prelom pršljena

In big Rehabilitation centers, physiatrists often meet with polytraumatic patients. By team work other complications may be prevented.

With this case report of patient S.M. age 29, we will show how can physiatric make a doubt that patient which was sent on rehabilitation also have some undiagnosed injury-in this case luxation of C2 vertebra. He was operated- decompression medulae spinalis and then stabilisation. After the stabilisation of spine, we started with complexed balneophysical and it lasted for 6 months.

CONCLUSION: Due to adequate cooperation of all team members and forehanded reaction of physiatrists there were no complications due to fracture and dislocation of C2 vertebra.

INTRODUCTION: By adequate team work in rehabilitation other complications may be prevented.

AIMS: The aim of this case report was to show importance of physiatrist in team work treatment of polytraumatic patients.

METHODS: Patient S.M. age 29, injured in car accident 26.04.2004. as a car driver.

Primarily concerned at Urgent Center in Belgrade with following diagnoses: Polytrauma, Contusio cerebri, Coma traumatica, Haematoma subduralis reg. fronto-temporalis l. sin. Contusio hemithoracis l. sin. et fracturam costarum II-VI et scapulae l. sin.

He was operated in Clinical Center of Serbia in Belgrade for subdural haematoma, lagging behind hemiparesis on right.

After Operation, Rehabilitation program started in Šabac, for two weeks.

After that, rehabilitation in Melenci spa continued, but it was interrupted because of X-rays diagnosed fracture of C2 vertebra with luxation. (1,2)

He was sent in Belgrade, at orthopedic department of UC treated with traction by Crutchfield, immobilised with Philadelphia collar (3).

After that operation, He received on 28.07.2004. in Banja Koviljača, in wheel-chair, and had balance in sitting position.

Control X-rays (Rtg) (fig.1) pointed that he still had a great C2 luxation-instable neck segment of spine (4). So, we sent him to Neurosurgeon from Medical Military Academy in Belgrade, where patient was operated on 15.09.2004. - med.spin decompression, and then stabilisation. (fig.2)



Fig. 1.

After the stabilisation of spine, complexed balneophysical treatment started on 25.10.04. and lasted for 6 months (5). The rehabilitation program was as following: kinesi, occupational therapy, hydrokinesi, mechano, magnetic, horizontal therapy.

RESULT: At discharge patient walks independently with walking-stick and peroneal orthosis for right foot, with more self-confidence and strength of muscle. (fig3)



Fig.2



Fig.3.

CONCLUSION: Due to adequate cooperation of all team members and forehanded reaction of physiatrists there were no complications due to fracture and dislocation of C2 vertebra.

Apstrakt

U velikim rehabilitacionim centrima fizijatri se neretko sreću sa politrazmatizovanim pacijentima. Timskim radom mnoge komplikacije se mogu sprečiti. Na primeru pacijenta S.M. starog 29 godina pokazali smo kako fizijatar može da posumnja da kod pacijenta koji je poslat na rehabilitaciju postoji i neka nedijagnostikovana povreda. U ovom slučaju to je bila luksacija drugog vratnog pršljena. Zbog toga je naš pacijent prebačen u Beograd neurohirurgu Vojnonedicinske akademije.

U Vojnonedicinskoj akademiji je urađena spinalna dekompresija i stabilizacija. Potom započet kompleksan rehabilitacioni tretman koji je trajao 6 meseci.

ZAKLJUČAK: Adekvatnom saradnjom svih članova tima i pravovremenom reakcijom fizijatara izbegnute su komplikacije zbog preloma i dislokacije drugog vratnog pršljena.

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