

A BACK-BREAKING CONDITION : CASE OF VERTEBRAL PLANAR FRACTURE WITH CORD COMPRESSION

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Introduction: Cushing syndrome is usually presented by obesity and weight gain, osteopenia, osteoporosis, amenorrhea, hirsutism and impaired glucose tolerance. This condition is more commonly seen in female with excessive exogenous glucocorticoid administrations. This report described a case of Cushing syndrome in a 24 years old female nurse, with an underlying of polycystic ovarian syndrome (PCOS) on hormonal therapy, that develops a T12, vertebral planar fracture.

Discussion: A female patient aged 24 years old with an underlying PCOS on hormonal therapy was presented to the emergency department with complaints of severe back pain. The backpain was noted prominently 3 days ago with signs of instability and a pain score of 9/10. A thoracolumbar and lumbosacral xray was ordered and pain management was given to the patient. Neurological assessment was done and it shows patient has a reduced in motor power in L2 to S1 bilaterally with intact sensation on all dermatomes. Her spine xray shows a compression fracture of the T12 vertebral body. Patient was then admitted to ward for further management. A computed tomography of the spine was then scheduled the next morning and the scan showed multiple old rib fracture and a new 11th rib fracture. With a T12 compression fracture with reopulsed body fragment causing spinal canal stenosis. Patient was then scheduled for posterior spinal instrumentation and fusion. Patient underwent the operation succesively and was then discharged and sent for rehabilitation. Patient was seen back in clinic 3 months post operatively and patient had developed remarkable improvement and her motor power had regained full strength.

Conclusion: To summarize, back pain is a common complaint in all age and every gender. Thus proper stratification and approach is required tailored to each patient.