

BAMBOO FRACTURE: A CASE REPORT

Mohamad Norazrin Mohd Abas¹, Nur Shakinah Ajak¹, Lee Sing Huat¹, Thiru Kumaran Moothakumaran¹
¹Hospital Miri

Introduction: Ankylosing spondylitis (AS) is an autoimmune disease, a seronegative arthropathy which usually affecting the sacroiliac joints and the spinal column. Severe AS leads to stiffer spine that will not able to bear normal loads and higher susceptibility to fractures.

Discussion: 61-year-old man with underlying ankylosing spondylosis presented neck pain. History of fall from 10 feet height 1 day prior to presentation, fell in supine position. Post trauma patient unable to ambulate due to pain. On examination, midline tenderness along the cervical region, no neurological deficit. CT scan and MRI was done shows C7 chance fracture with ankylosing spondylosis Patient then had posterior instrumentation C4 to T3. Post operatively, no acute neurology, patient was discharge well.

Conclusion: Patient diagnosed with AS have higher incidence to have spinal fractures compared to general population because of spinal rigidity, problem with balance and osteoporotic bone. For AS, fracture commonly occurred at cervical region followed by thoracolumbar junction. When the fusion of the spine happened, fractures are usually happened at the junction of mobile and fused spine and/or adjacent to the fused spine. In conclusion patient with AS presenting with trivial history of trauma should be thoroughly evaluate for acute spinal fractures. These types of fractures are usually unstable fractures, extra care should be taken to maintain the preexisting alignment especially during patient transfer and positioning to avoid iatrogenic neurologic injuries. Complications in this type of fractures are high especially worsening neurology deterioration. Surgical management is the definitive for patients with unstable fracture pattern, neurologic deterioration and progressive kyphosis. Posterior instrumentation and bone grafting with decompression if required is the common choice of surgery. In conclusion, we should have high susceptibility index when patient with ankylosing spondylosis presenting with neck pain.