

## Cervical Unilateral Facet Subluxation After A Trivial Sneeze. A Rare Case Report

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### INTRODUCTION:

Unifacetal cervical injuries occur in 4-16% of patients with cervical spine injuries. These injuries arise most commonly in motor vehicle accidents due to flexion-distraction forces, or flexion of an already rotated head.<sup>1</sup> Three criterias are necessary to recreate the scenario of a whiplash injury. 1) Semi-conscious state whereby the cervical strap muscles are relaxed. 2) Extreme lateral rotation of the cervical spine. 3) Sudden flexion-distraction force to the cervical spine. Cervical unifacetal subluxation is a rare presentation to be diagnosed after a trivial sneeze.

### CASE REPORT:

A 30-year-old male presented with history of acute neck pain after a sneeze while he was reaching for his cellphone located on the left side above his head. He claims he heard a 'pop' after the sneeze. There was no loss of consciousness documented. There was no neurological deficit. Cervical x-rays, CT cervical and MRI cervical was done and was diagnosed as C4/C5 right unilateral facet subluxation. Closed manipulative reduction was done successfully and was given a Aspen collar for 6 weeks.

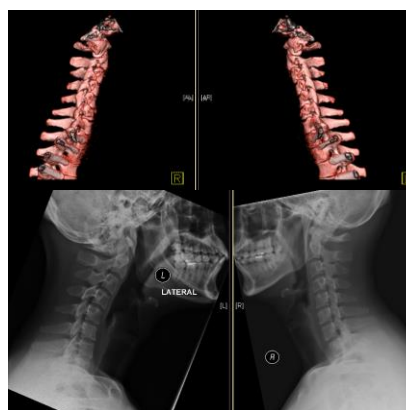
He was also prescribed with acupuncture for right trapezius fibres spasm. Gross range of motion of up to 90 degrees on lateral rotation and 40 degrees on lateral flexion.

Spurling's and Jackson's test on the right produced mild pain over right trapezius fibres.

At 4 months follow up, patient has no neurological deficit and no more trapezius fibres spasm. Radiologically, the subluxation has reduced.

**Figure 1: CT 3D Recon Cervical pre CMR Right and left lateral view**

**Figure 2: Cervical xray lateral view pre CMR and post CMR**



### DISCUSSIONS:

To our knowledge, there are no literatures or documentation regarding cervical facet subluxation after a trivial sneeze.

The radiographic characteristics can individually or collectively aid in the diagnosis of a unilateral facet subluxation. If anterolisthesis is present on the lateral view, it is regarded as an auxillary sign of facet subluxation/dislocation. Loss of cervical lordosis may suggest hyperflexion injury due to torn interspinous ligament or zygoapophyseal capsule disruption. The priority in treating a subluxation or unilateral dislocation is preservation of continuity and function of the spinal cord. Other goals of treatment are the relieve of spinal cord compression, spinal stabilization and muscular spasm. Cervical facet subluxation should be considered in all patients with cervical tenderness although it is a trivial mechanism of injury such as a sneeze.

### REFERENCES:

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3. White AA, Southwick WO, Panjabi MM. Clinical instability in the lower cervical spine: A review of past and current concepts. Spine 1976;1:15-27