

# The Trauma Bulletin



## It's a pain in the back

Examination of the spine

Issue twenty two

# Case summary

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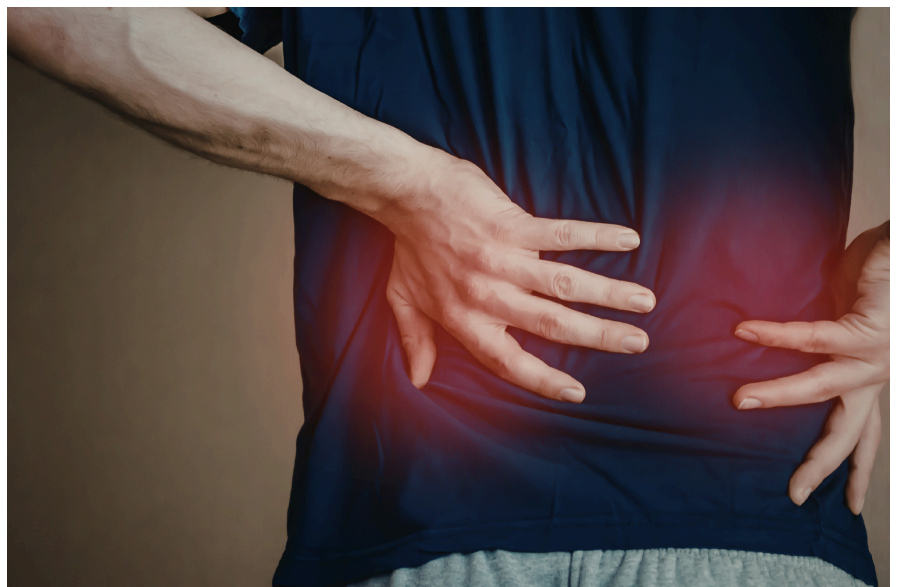


A 28 year old man arrives from the Bush after a highspeed MVC. He was the driver, and was restrained at the point of impact. He has multiple orthopaedic injuries, but they are all lower limb.

He is admitted for treatment of his injuries, and during his inpatient stay it is documented that he complains of back pain. Because it doesn't seem to be significant, no further investigation occurs, and he is eventually discharged home.

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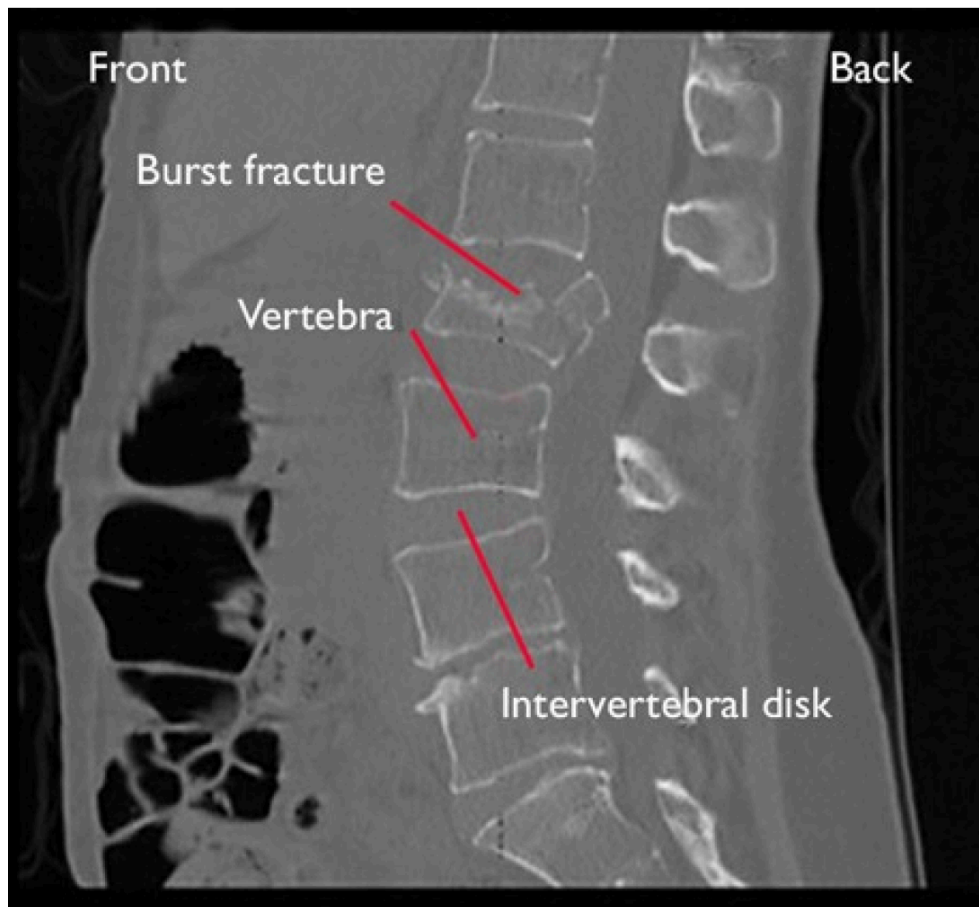
About two weeks after discharge, he attends another hospitals ED. He relates that his back pain is worse and he now has some lower limb **Tingling**.



Imaging is performed.

# The diagnosis

The results are a bit terrifying



He has compression burst fracture of L2 and is admitted under spinal for operative decompression and stabilization of his fracture.

## Learnings

Our imaginary patient didn't complain as much as you might expect with such a severe injury, but this really happens.

**Compression fractures after high speed MVC's are not uncommon, even if the patient is wearing a seatbelt.**

Although they can occur anywhere in the thoraco-lumbar spine, most occur around the thoraco lumbar junction at T10 - L2. L1 is probably the most common. A lot of fractures are simple anterior compressions and are managed either conservatively or in a brace.

Some, like our hypothetical case, will have a burst with a retropulsed fragment pressing on the spinal cord or terminal branches of the cord.





# The message

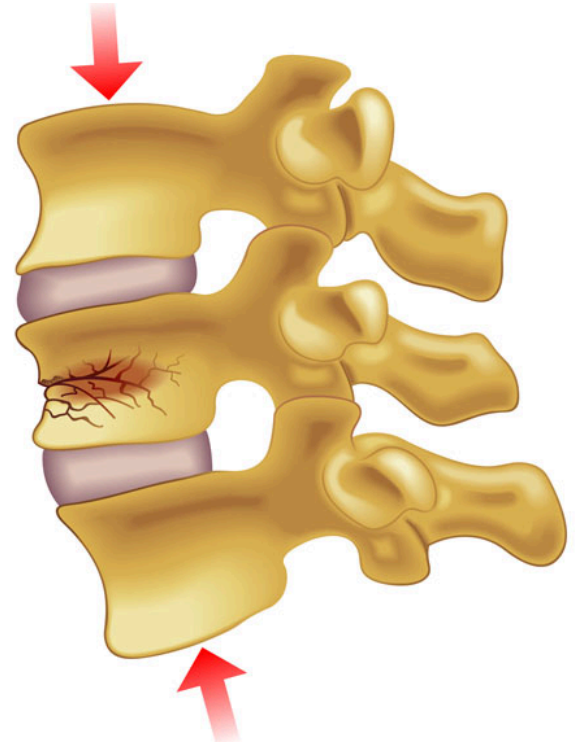
Why have we shared this?

These are fractures we should have big concerns for in high speed accidents, because they are relatively common.

Some are missed because they are not considered (either because we don't look, or because the complaint of discomfort seems trivial. Additionally, only plain films are performed.

In a patient at risk, if plain films have been done but appear normal, a CT should be seriously considered.

There is one thing to add. There have been occasions when the appropriate investigation has been ordered (CT or MRI), and a patient has been discharged **without anyone checking the report**. Don't send someone home with an injury because you haven't checked a report!



Scan for the RPH Spinal clearance  
clinical guideline and flowchart

<https://shorturl.at/ws3TE>

\* No clinical photos are used in Trauma Bulletins \*