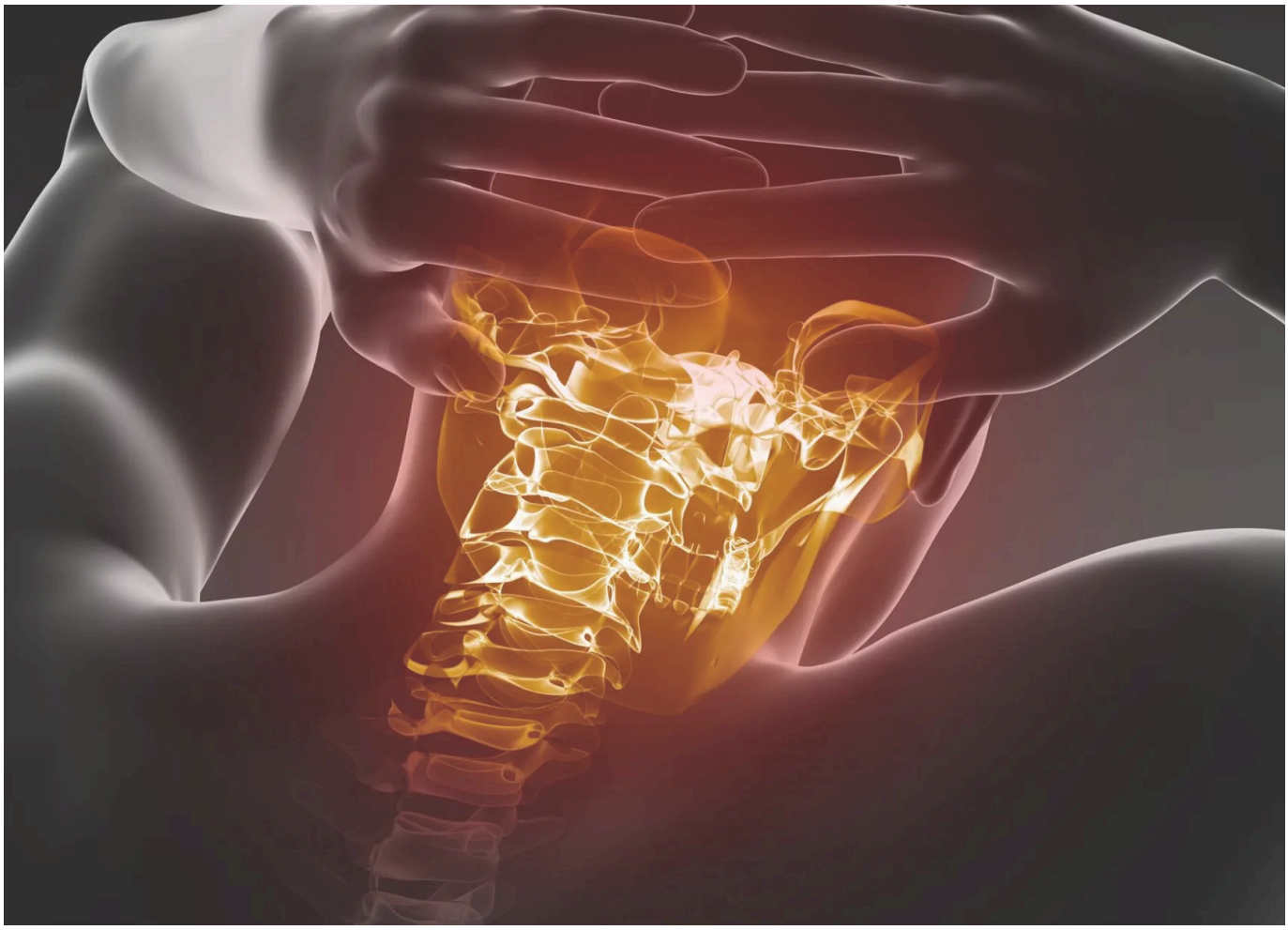
East Metropolitan Health Service

Royal Perth Hospital

Issue #23

# The Trauma Bulletin

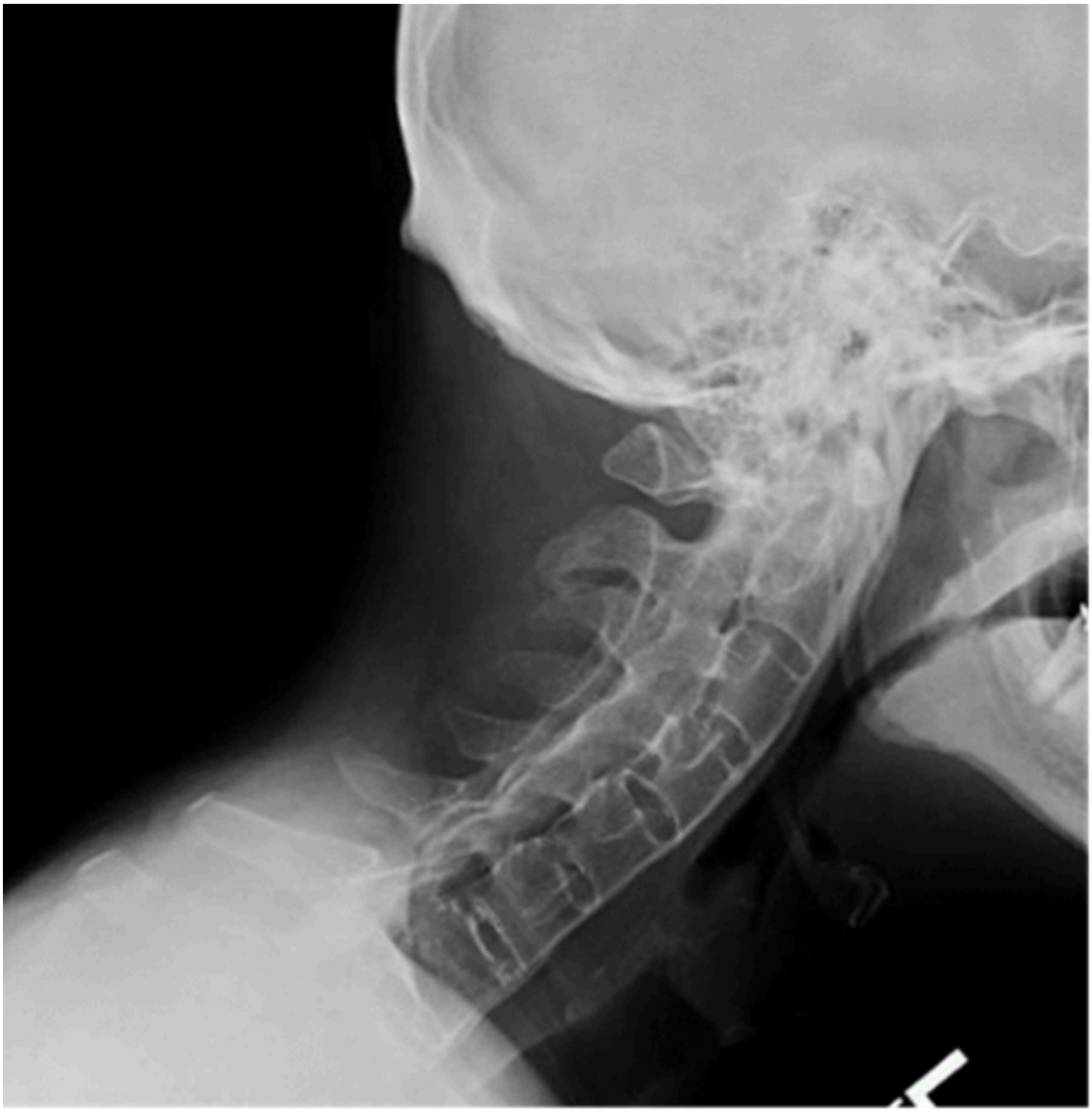


## Whiplash or Cervical Spine Fracture: Diagnostic Challenges

Issue twenty three

# CASE SUMMARY

An elderly man attends a hospital with a story of a fall. It was witnessed by his family, who saw him topple backwards, and noted that he had severe neck pain posteriorly after the fall. He falls a lot, because he is Parkinsonian...but he also has Ankylosing Spondylitis. **A.S.** places patients at huge risk of fracture after a fall, because their spine becomes a rigid column (as you can appreciate from the image below).

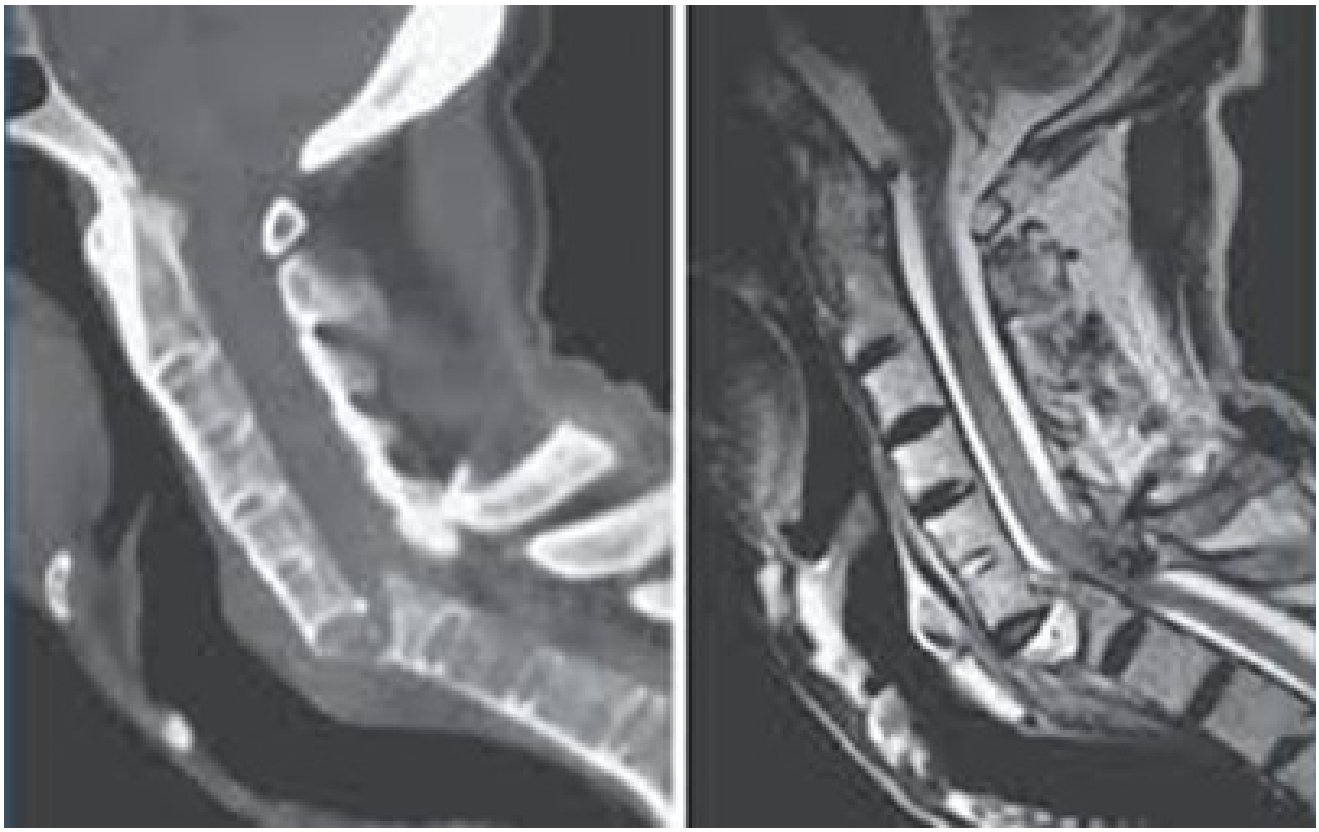


# The Diagnosis

He is seen in ED by a registrar, who diagnoses him with ‘whiplash’, as an explanation for his neck pain. No imaging is done, and he is sent home after physio review. He represents with family 3 days later. He hasn’t slept because he can’t lie down, and he also now has an aspiration.

# The result

CT imaging (and MRI) reveals the expected CHALK STICK fracture.



**He goes on to die from aspiration.**

# The message

This is a real case, from another jurisdiction.

The very clear message is that patients who are parkinsonian (who fall badly because of their rigidity), or who have AS (because of a brittle rigid spine) are at very high risk for spinal fracture... and the threshold for CT imaging of their cervical spine should be low.

## These patients need imaging!