

CASE REPORT

A Rare Variant of Odontoid Fracture – High Anterior Retropharyngeal Approach

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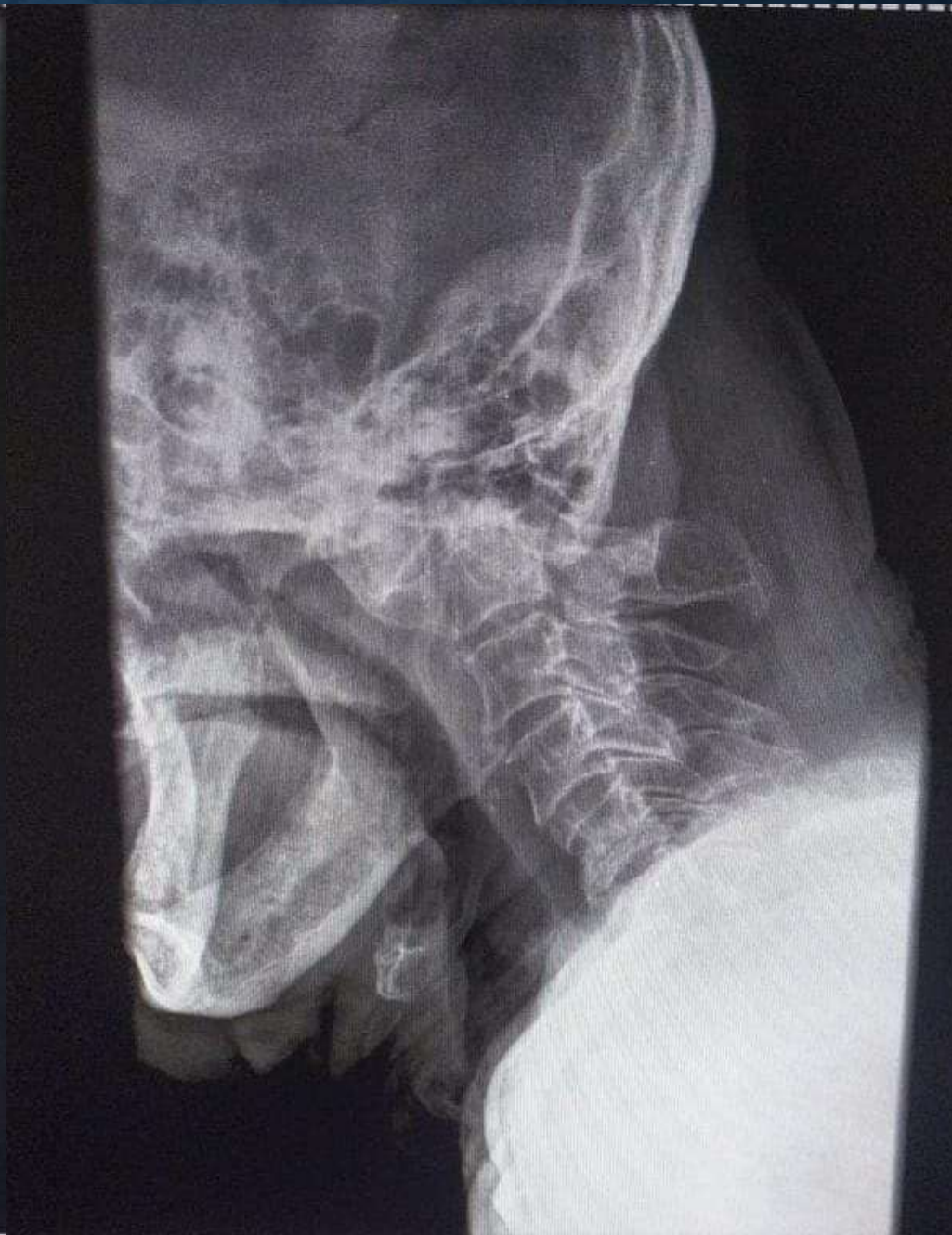
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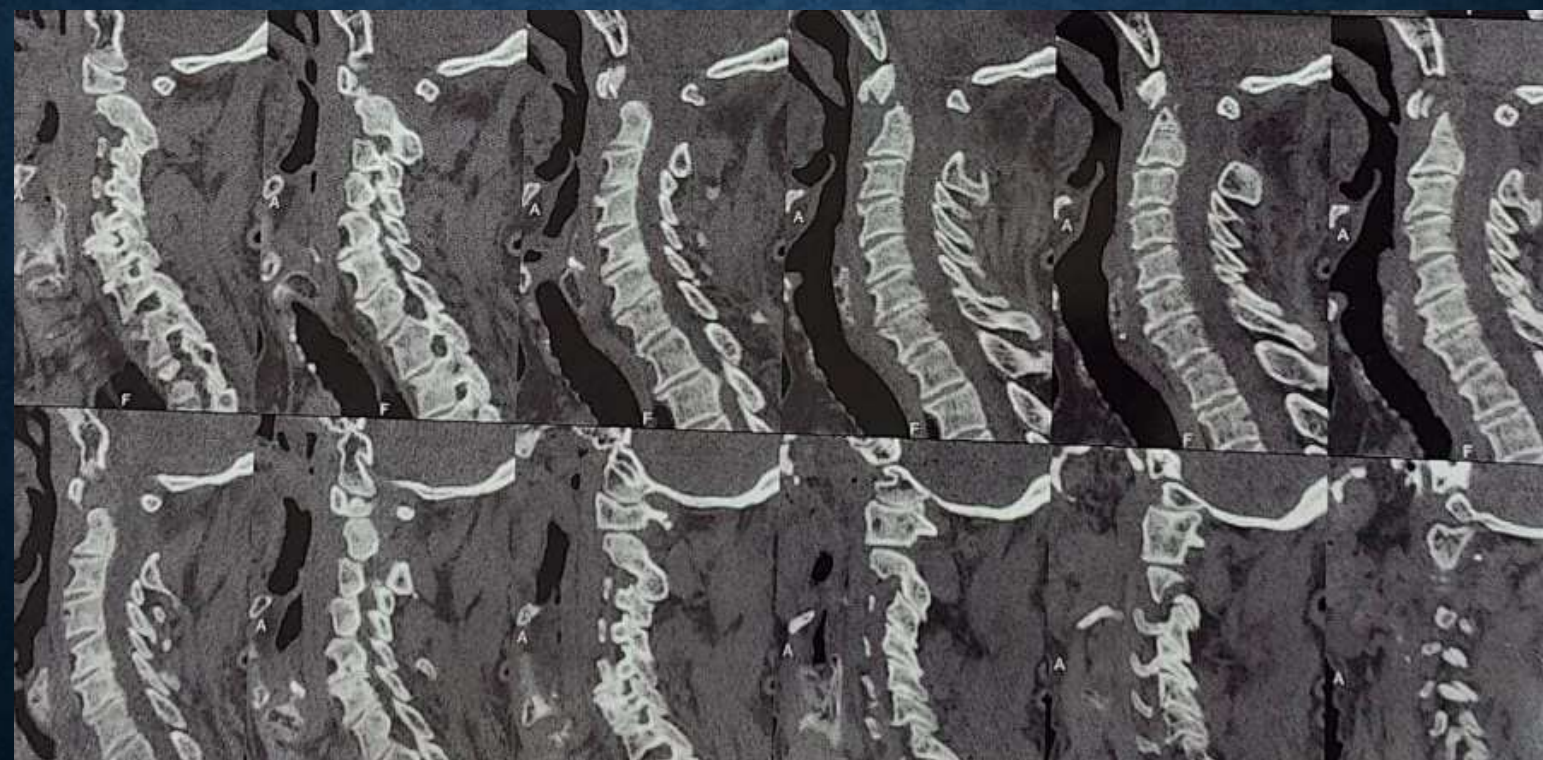
HISTORY

- A 75 year old male patient was brought to our OPD following a domestic fall 1 month back.
- He presented to us with chief complaints of neck pain with inability to move the neck completely in all directions.
- There was no associated neurological deficits.
- Pain worsened on neck movements.

EXAMINATION

- Patient conscious , oriented and obeying commands
- Pupils BERL
- Power in all 4 limbs Grade 5
- Tone was normal in all 4 limbs
- No altered bladder or bowel habits





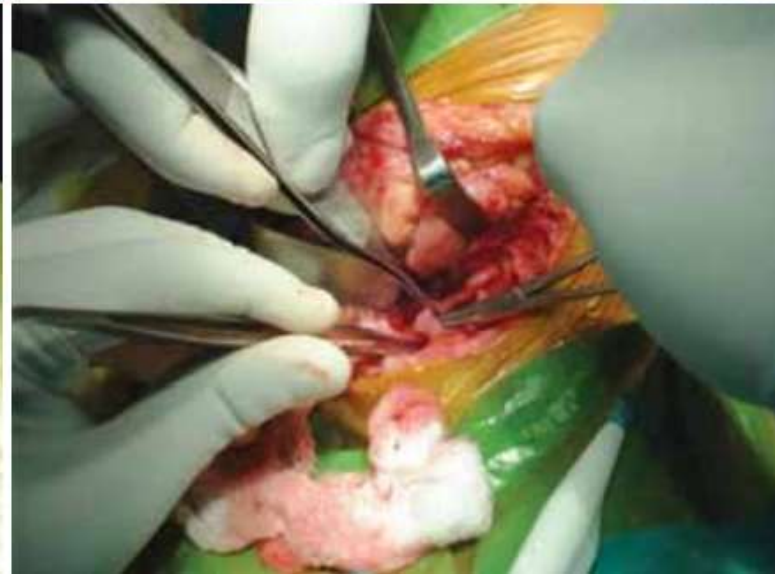


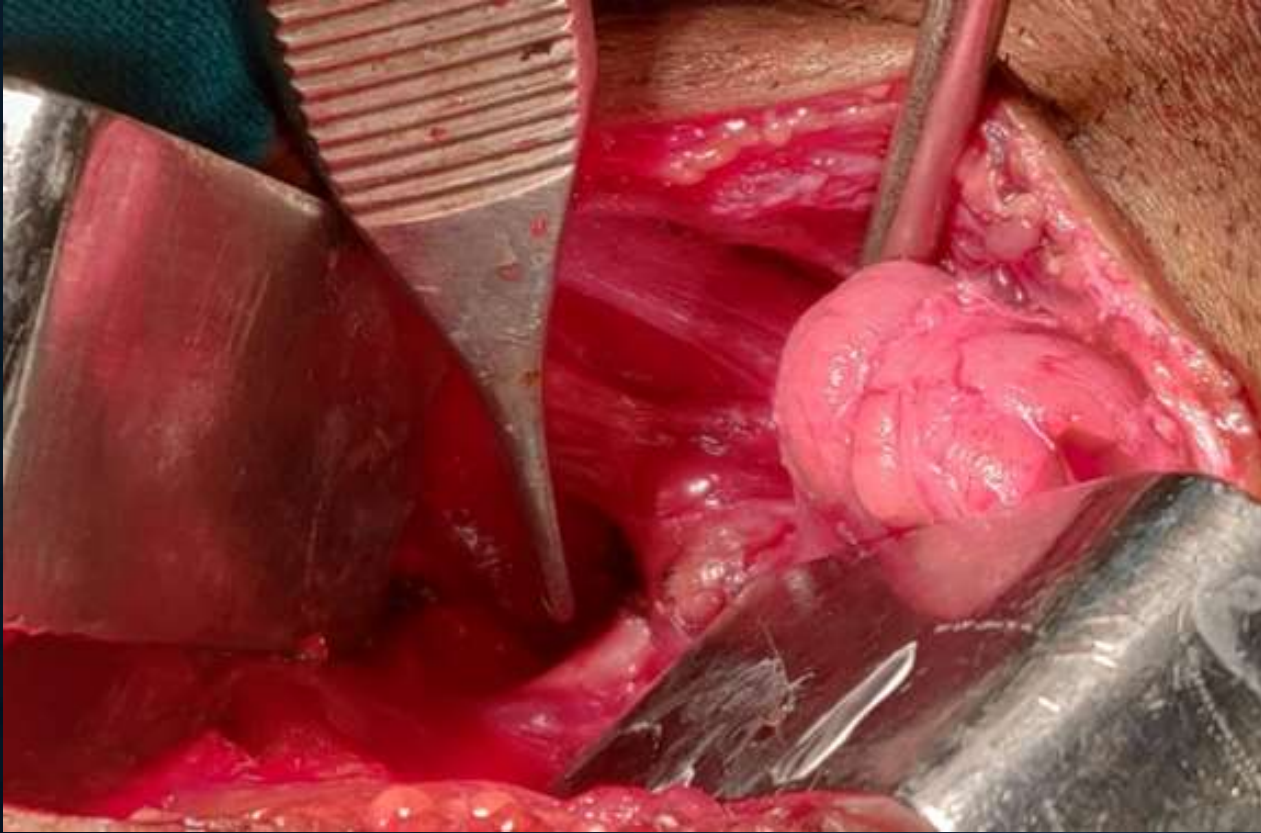
- Transverse fracture seen at the base of odontoid process (type 2) with antero-inferior displacement of odontoid process.
- Fractured fragment was found to have 4mm displacement.
- Fracture of posterior arch of atlas.
- Significant C1-C2 subluxation.



PATIENT UNDERWENT SURGERY –

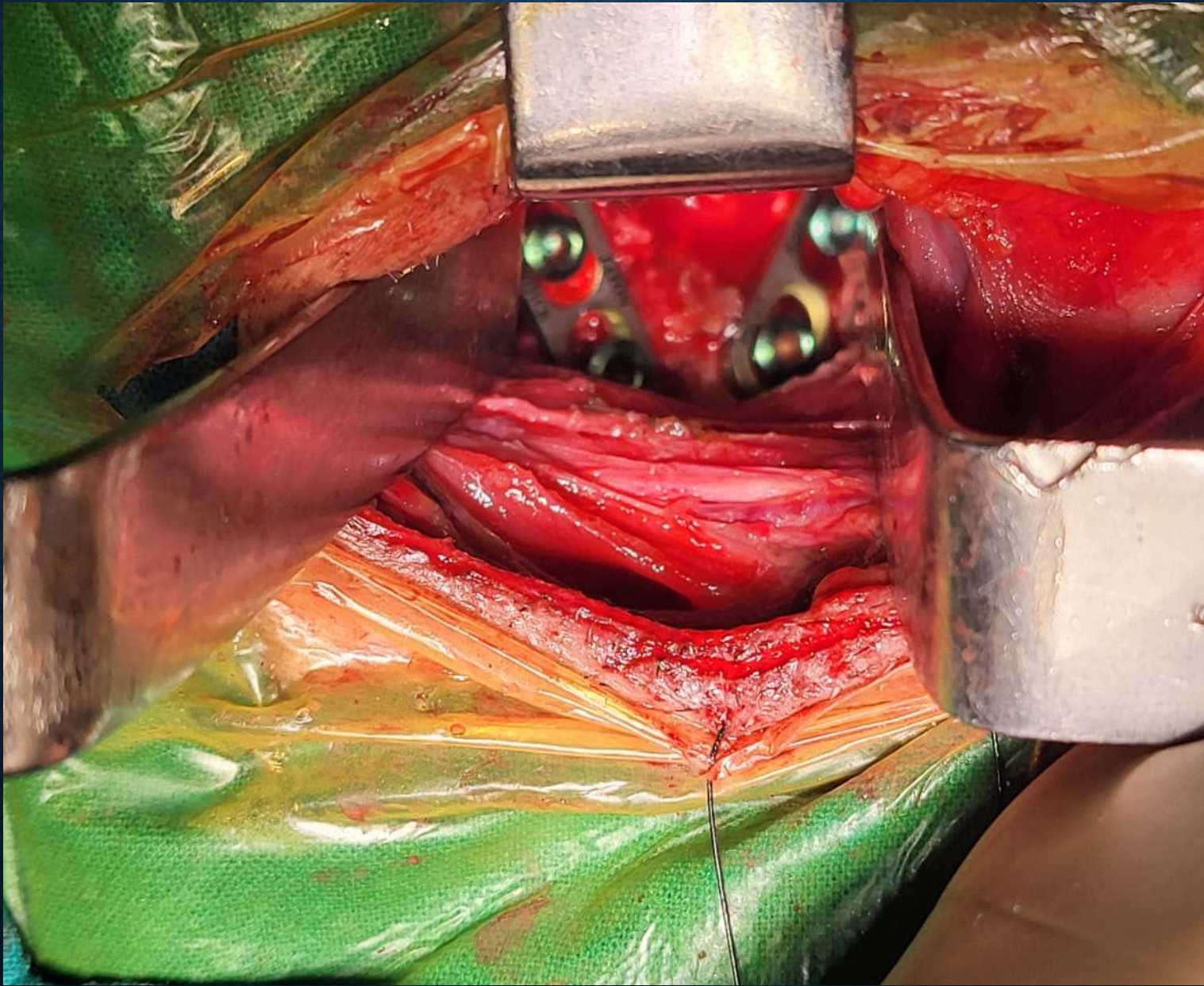
***ANTERIOR RETROPHARYNGEAL APPROACH
WITH ODONTOIDECTOMY WITH C1-C2 FIXATION
WITH COMPRESSION PLATES & SCREW.***

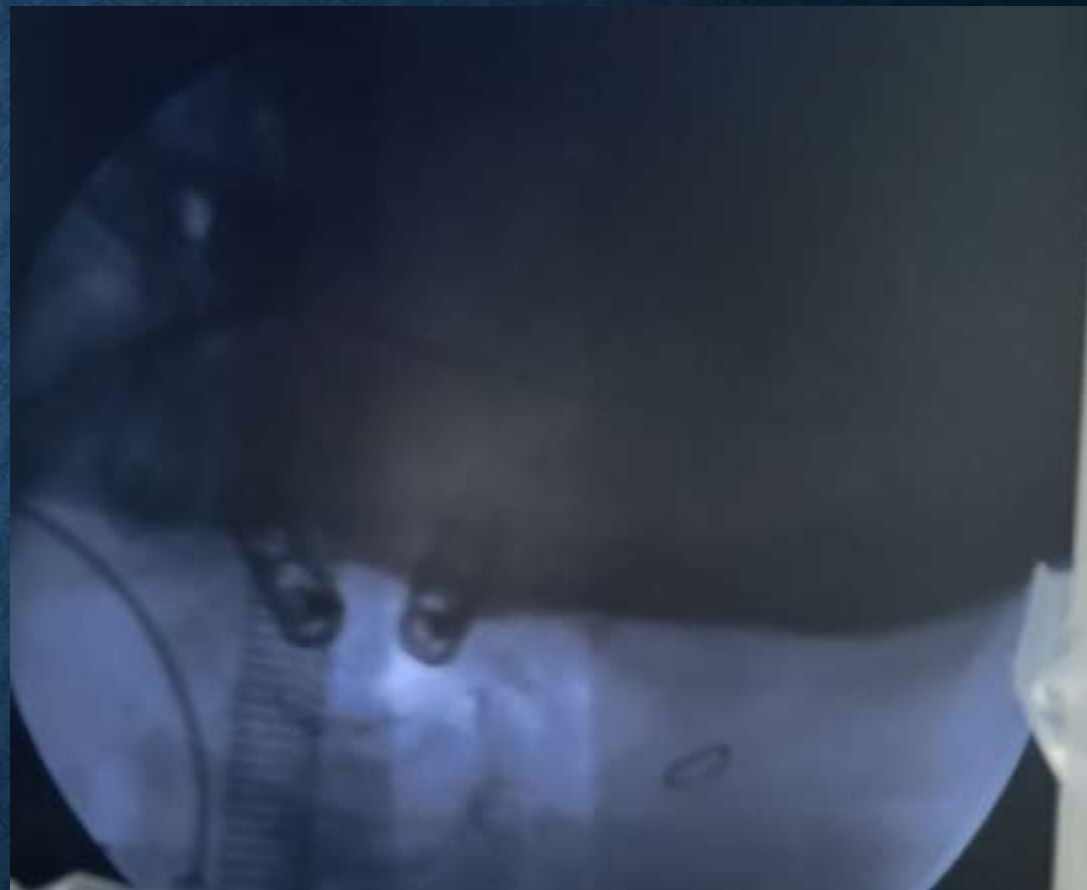
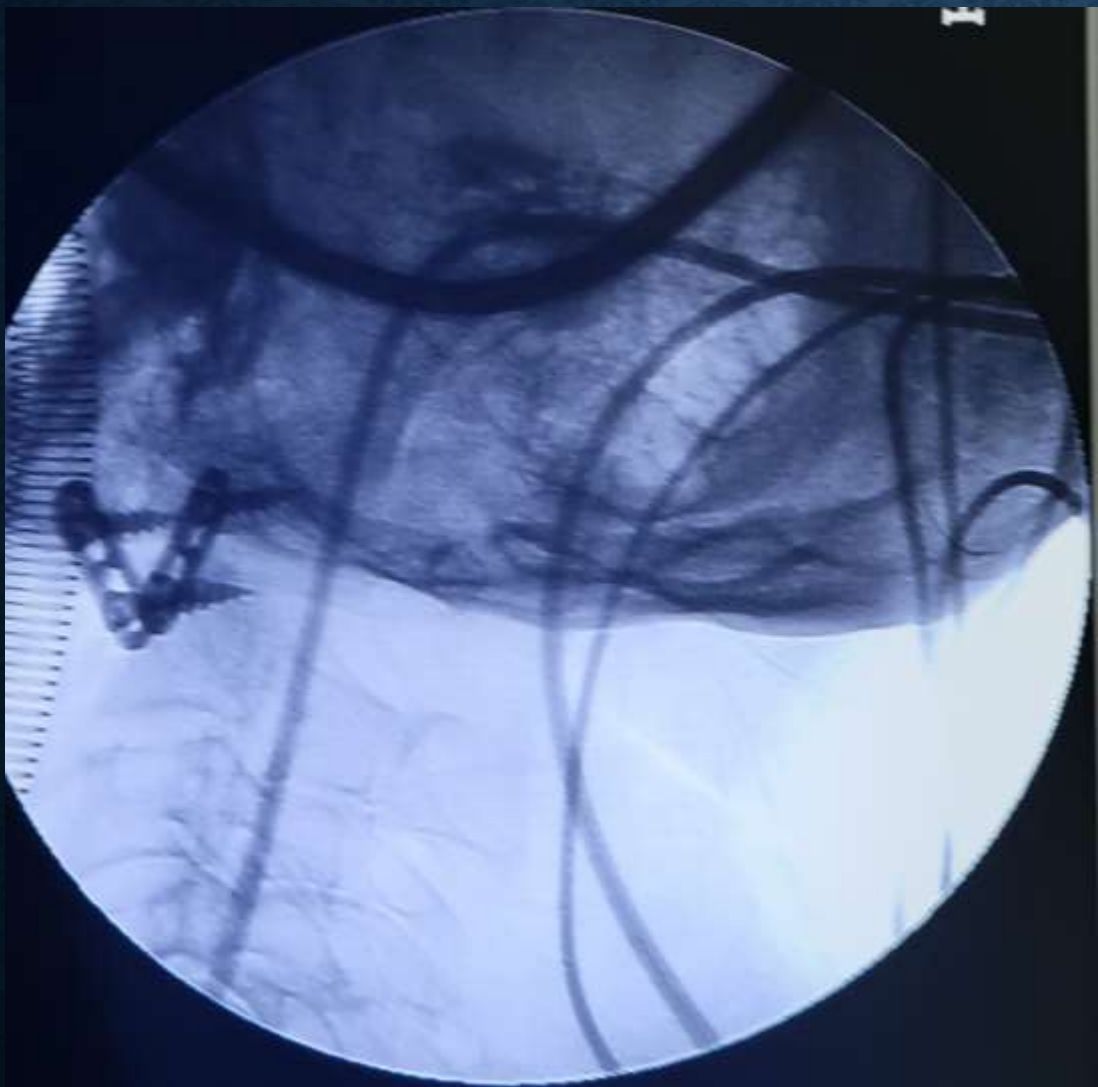


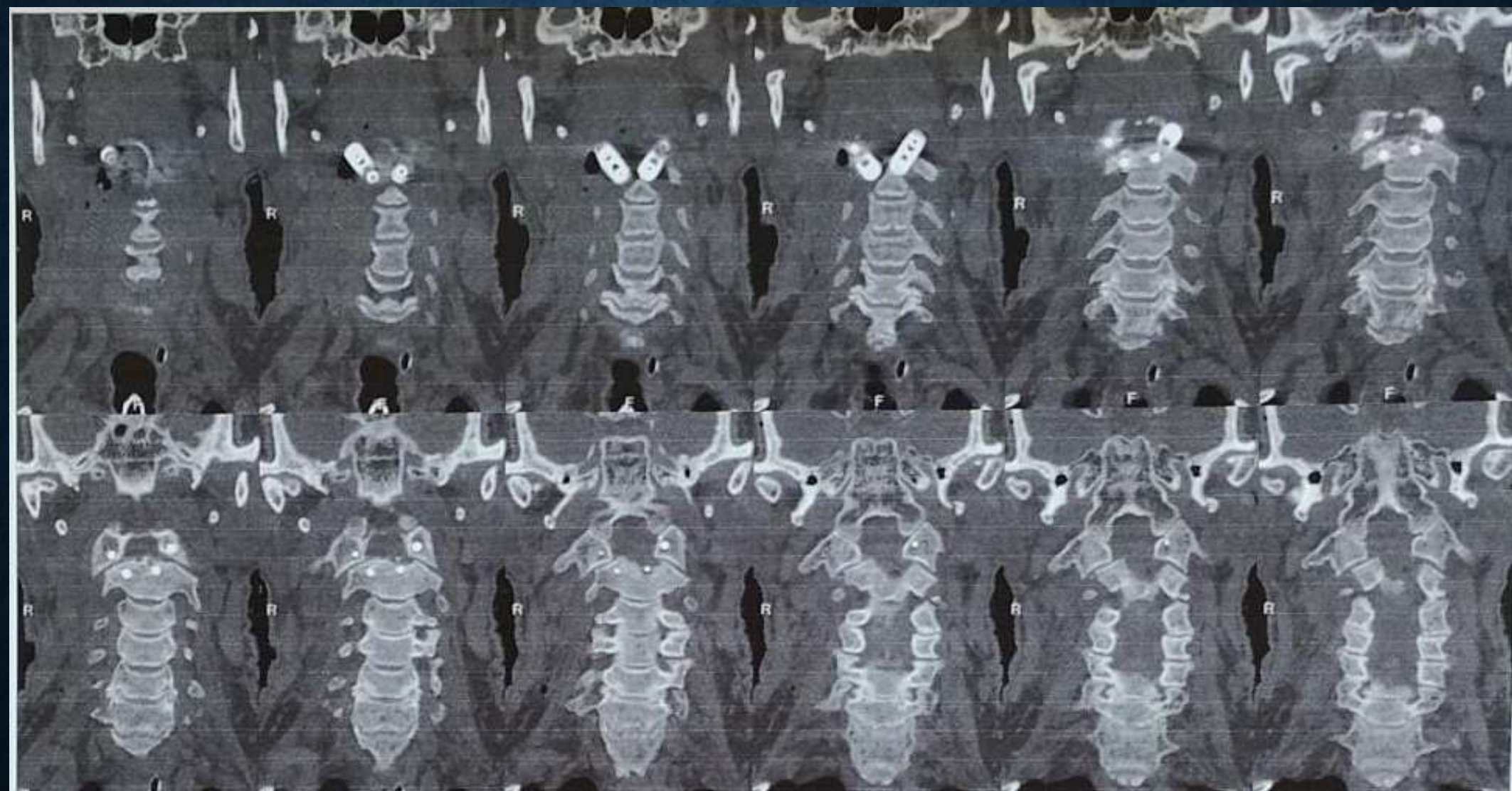


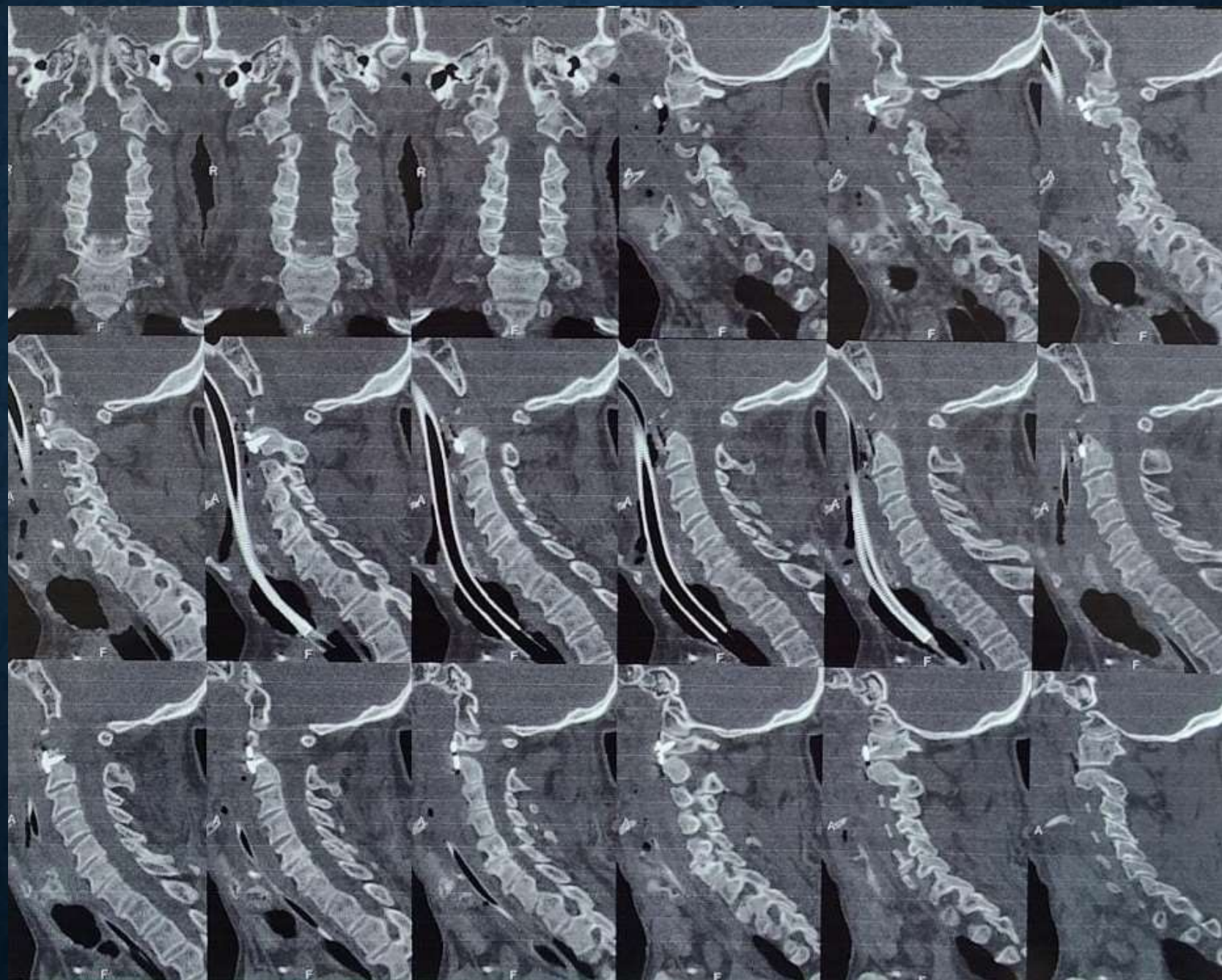












ADVANTAGES OF THE ANTERIOR RETRO-PHARYNGEAL APPROACH

- Anterior extrapharyngeal approach allows easy access to the facet joints, which are curetted to remove the joint capsule and packed with bone grafts to facilitate fusion.
- Procedures that can be performed by this approach
 - Transarticular screws for rigid fixation in simple post traumatic AAD.
 - Plate and screw fixation in cases of fracture odontoid.
 - Plate and screw fixation following the deployment of spacers in Basilar Invagination.

