

A Case Presentation

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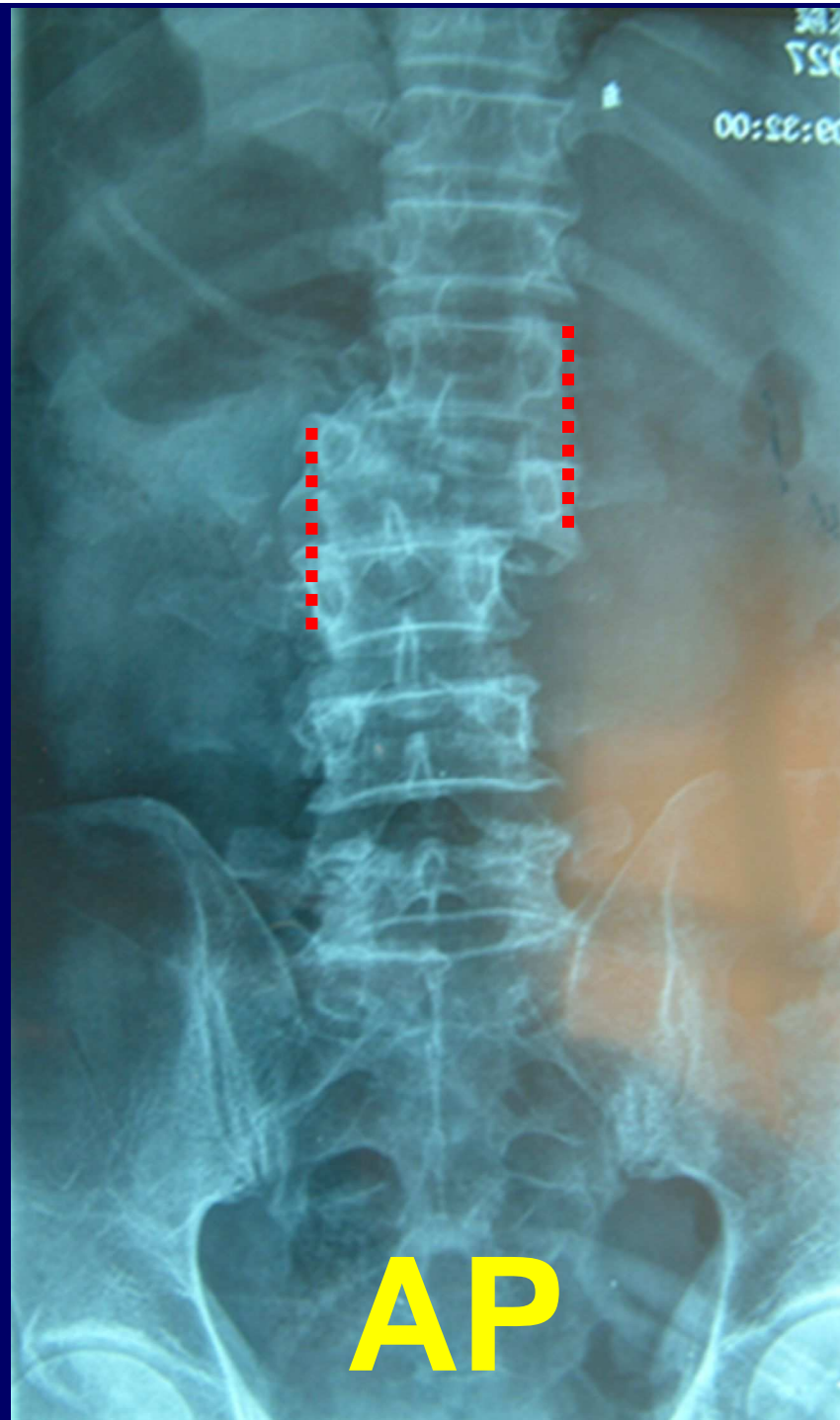
ISCoS Correspondence Secretary for China

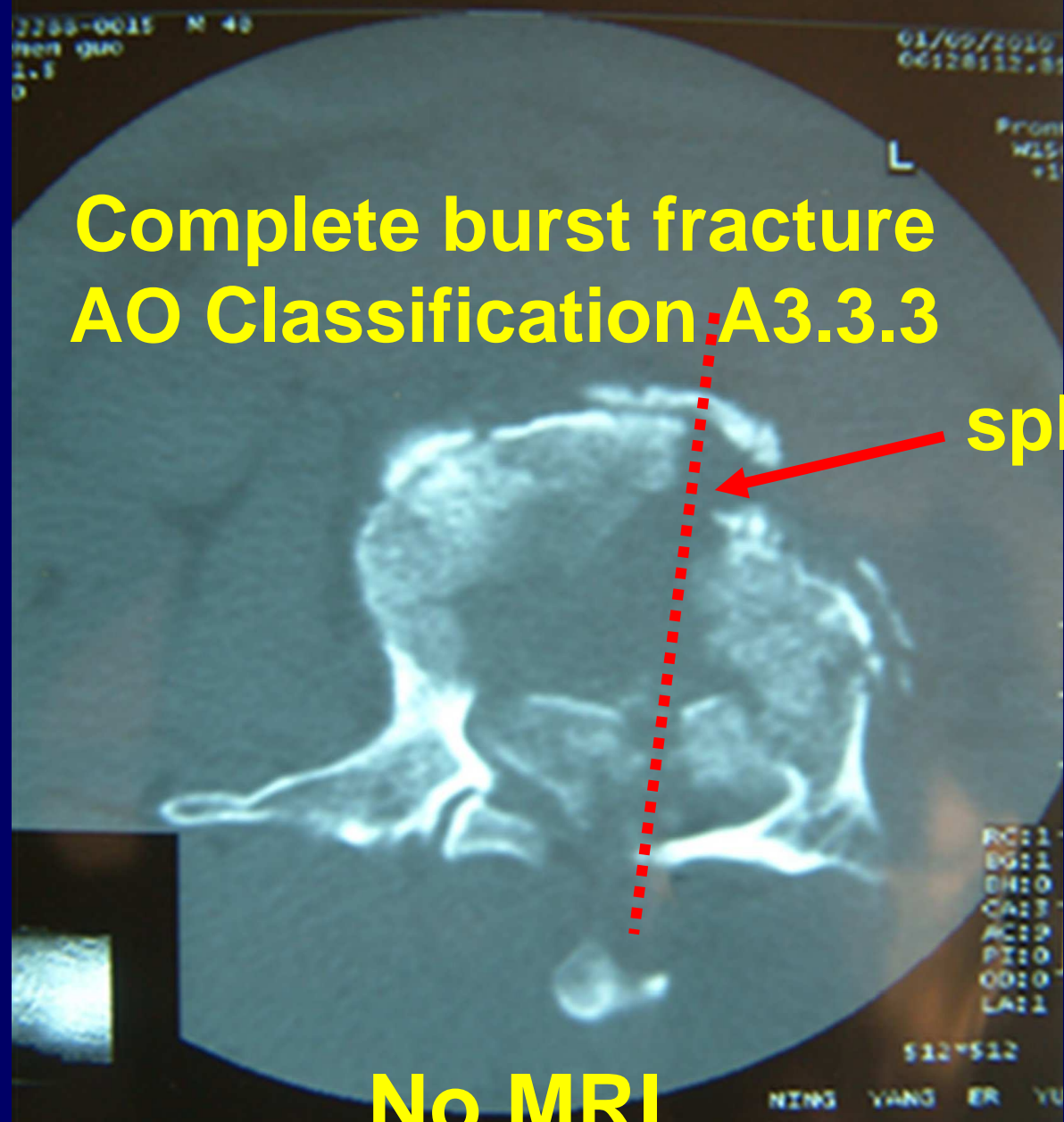
History

Male 48, pedestrian, hit by a truck, 5 hrs prior to admission, swollen and tender lower back

Pre-operative diagnosis

L2 burst fracture **AO**
Classification A 1.3.3 complete
burst fracture **SCI T12,**
AIS/Frankel B
No associated injuries



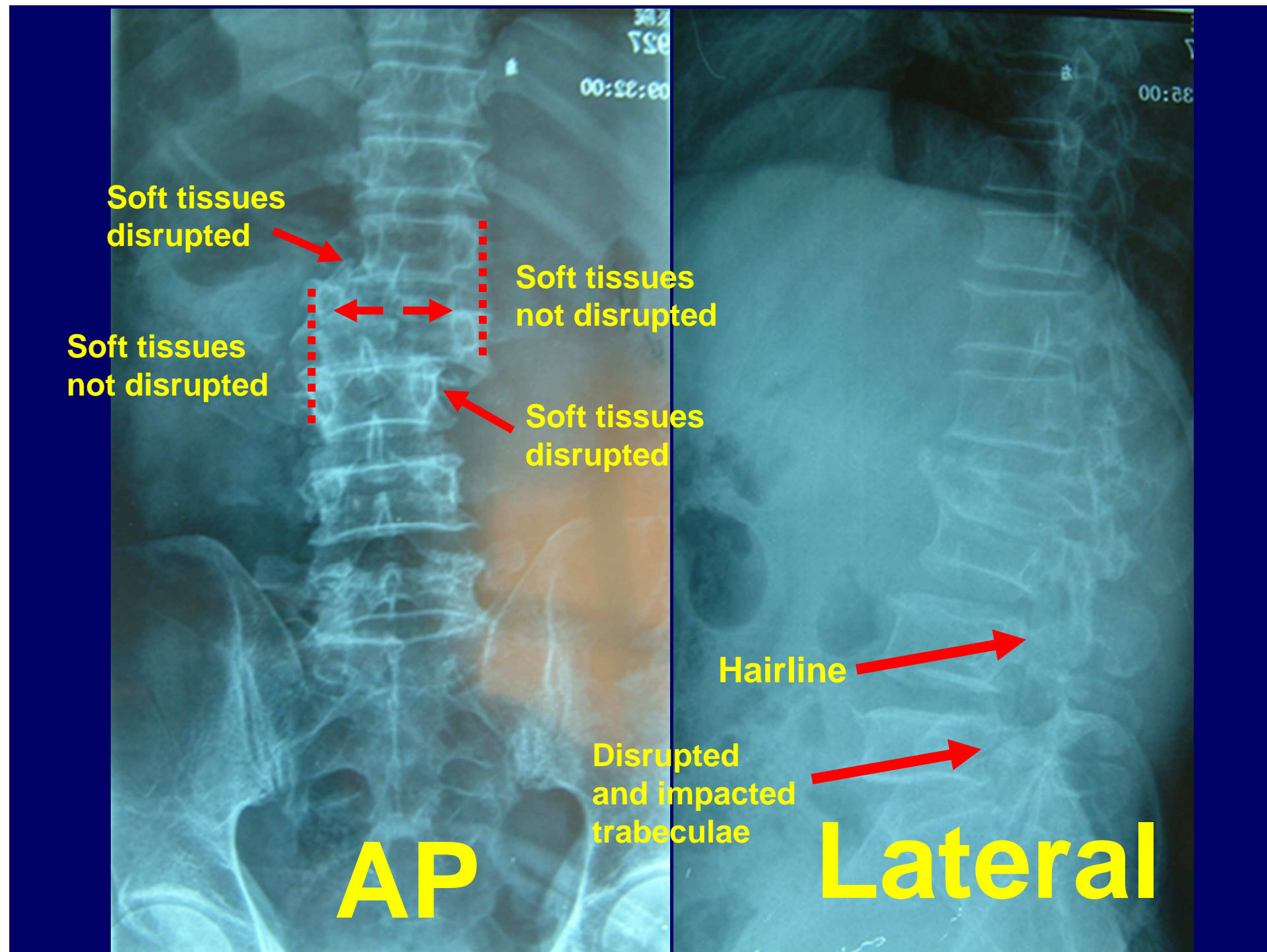


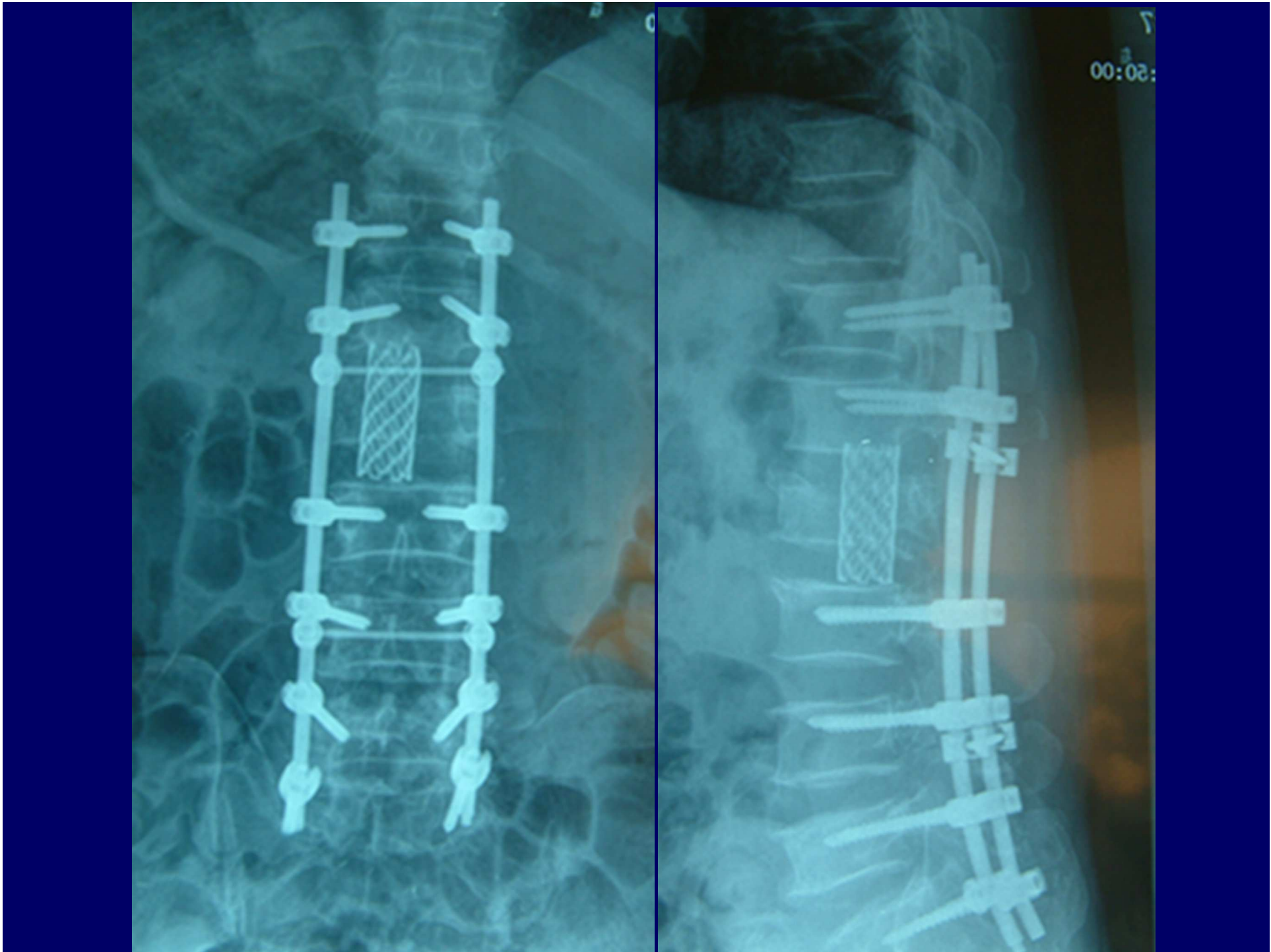
**Complete burst fracture
AO Classification A3.3.3**

split

No MRI

New findings at the operation: fracture of L4, L5 isthmusi. They could have been spotted before surgery for better preparation of the operation





**QUESTIONS FOR
INTERACTIVE
VOTE**

Question One



44

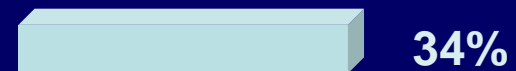
**Could the isthmus fractures of L4, L5 be diagnosed preoperatively?
(Multiple choice)**

- 1. Yes, if MRI had been done**
- 2. Yes, even if careful reading of plain X-rays had been done**
- 3. It is not important, even if they were spotted later**
- 4. Others**

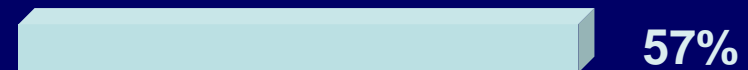
Question One

**Could the isthmus fractures of L4, L5 be diagnosed preoperatively?
(Multiple choice)**

1. Yes, if MRI had been done



2. Yes, even if careful reading of plain X-rays had been done



3. It is not important, even if they were spotted later



4. Others



Question Two



38

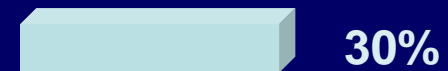
Do you find the AO Classification of thoracic and lumbar injuries useful in this case? (Multiple choice)

- 1. Yes, it grades the fracture as the most serious of all Type A fractures, it has implication on selection of implant**
- 2. Yes, it has implication on time length of post-operative immobilisation**
- 3. It is not important, whatever the classification, it does not change the surgical strategy**
- 4. Others**

Question Two

Do you find the AO Classification of thoracic and lumbar injuries useful in this case? (Multiple choice)

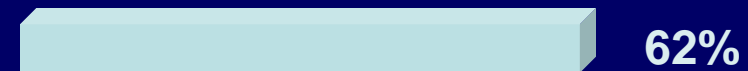
1. Yes, it grades the fracture as the most serious of all Type A fractures, it has implication on selection of implant



2. Yes, it has implication on time length of post-operative immobilisation



3. It is not important, whatever the classification, it does not change the surgical strategy



4. Others



Question Three



36

**How would you have dealt with the isthmus fracture of L4, L5?
(single choice)**

- 1. Leave them alone at the operation and deal with them conservatively later**
- 2. The long stabilisation from T12 to S1 is absolutely necessary**
- 3. Deal with this multi level fracture conservatively from the outset**
- 4. Others**

Question Three

How would you have dealt with the isthmus fracture of L4, L5?
(single choice)

1. Leave them alone at the operation and deal with them conservatively later  67%

2. The long stabilisation from T12 to S1 is absolutely necessary  22%

3. Deal with this multi level fracture conservatively from the outset 0%

4. Others  11%

Question Four



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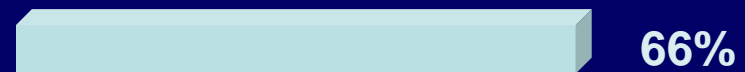
**Do you think the fixation from T12 to S1 could affect life quality of the patient due to restriction of motion?
(single choice)**

- 1. Yes**
- 2. Restriction of motion is better than pain due to instability**
- 3. Restriction of motion could be compensated by movements in other joints, even including cervical spine**
- 4. Others**

Question Four

**Do you think the fixation from T12 to S1 could affect life quality of the patient due to restriction of motion?
(single choice)**

1. Yes



2. Restriction of motion is better than pain due to instability



3. Restriction of motion could be compensated by movements in other joints, even including cervical spine



4. Others





**Merci Beaucoup
Au revoir**