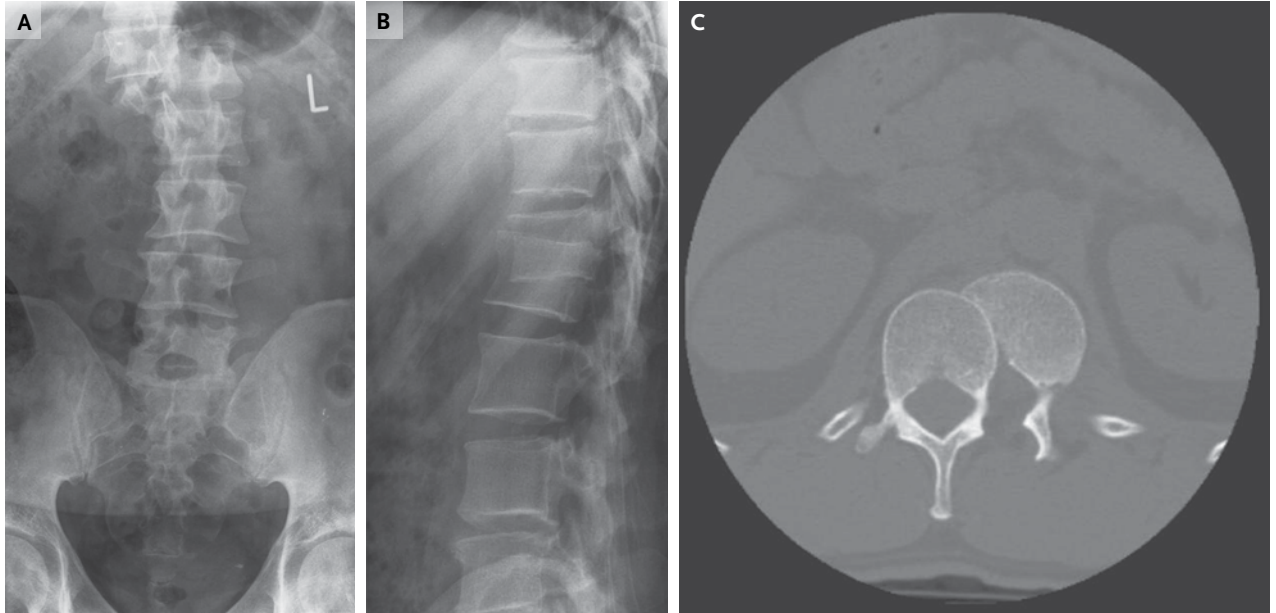


IMAGES IN CLINICAL MEDICINE

Thoracolumbar Fracture with Preservation of Neurologic Function



A 44-YEAR-OLD MAN PRESENTED TO THE EMERGENCY DEPARTMENT WITH severe pain after an accident at the gym. He reported he had been doing squats while balancing a 200-kg bar across his trapezius. His knee gave way and he fell to the floor, with the weight landing on his lower back. The patient managed to crawl out from under the weight but did not attempt to walk. On arrival at the emergency department he had full power in both lower limbs and normal sensation to light touch in all dermatomes of the lower limbs. The area over vertebral bodies T11 through L2 was exquisitely tender. Initial frontal and lateral plain films (Panels A and B, respectively) and an axial computed tomographic study of the area from T12 through L1 (Panel C) showed fracture–dislocation. The patient was taken to the operating room that night for open reduction and internal fixation of the fracture–dislocation of vertebral bodies T12 through L1. Postoperatively, he had preservation of normal neurologic function, with the exception of mild paresthesia on both sides of his trunk in a T12 dermatomal distribution.

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