

AB233. 151. Convulsive seizure activity leading to fracture dislocation of the thoracic spine: a case report

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Background: Spinal column injuries are most commonly caused by high velocity trauma such as road traffic accidents and falls from varying heights. Convulsive seizures are an uncommon but recognised cause of vertebral fractures, the most common morphology being that of compression type fractures. The incidence of vertebral fractures in patients with epilepsy was reported as early as 1976 by Pedersen who reported a 16% incidence of fractures in 87 patients managed in the out-patient department. Finelli in 1989 however reported an incidence of 1.1% in 2,800 patients admitted for in-patient management of epilepsy. Since then the majority of publications relating to vertebral fractures secondary

to convulsions has consisted of isolated case reports of compression fractures.

Methods: We present the case of a 52-year-old male who was found unresponsive following a fall from standing height.

Results: He was transferred to our hospital under the care of the cardiothoracic team for management of bilateral haemothoraces. He was subsequently found to have a fracture dislocation of the T11–T12 level on multi-planar imaging with opening anteriorly. His images also showed well established diffuse idiopathic skeletal hyperostosis (DISH), kyphosis and subsequent pseudo-correction of his deformity. He underwent surgical fixation by way of a posterior approach with costotransversectomy.

Conclusions: Convulsive seizures can result in significant spinal column injury. A high index of suspicion should be maintained in this cohort, particularly in those who cannot provide a coherent history.

Keywords: Seizure; fractures

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