

## Distractive Atlantoaxial Dislocation

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### – Abstract –

Atlantoaxial dislocations usually present with fatal brain injury, but rarely with clinical problems. With the development of newer imaging techniques, as well as improved preoperative and perioperative care, the likelihood of survival from an atlantoaxial dislocation has increased. Survivors usually suffer incomplete neurological deficits, including Brown-Séquard syndrome or central cord syndrome.

The authors describe a distractive atlantoaxial dislocation, with neurological sequelae, in a younger patient who had been involved in a car accident. This case was treated surgically, but the patient suffered paraplegia due to thoracic myelopathy.

**Key Word:** Cervical spine, Atlantoaxial dislocation, Arthrodesis

1-2 halo vest 1

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20 1,2) 17

2,3,4,5,6) 70% 15

가 36.7 ℃, 130/80 mmHg, 130 ,

Brown-Sequard 22

VI, XI, XII

50% 2,5) 5 cm 가

halo vest (III-IV/V)

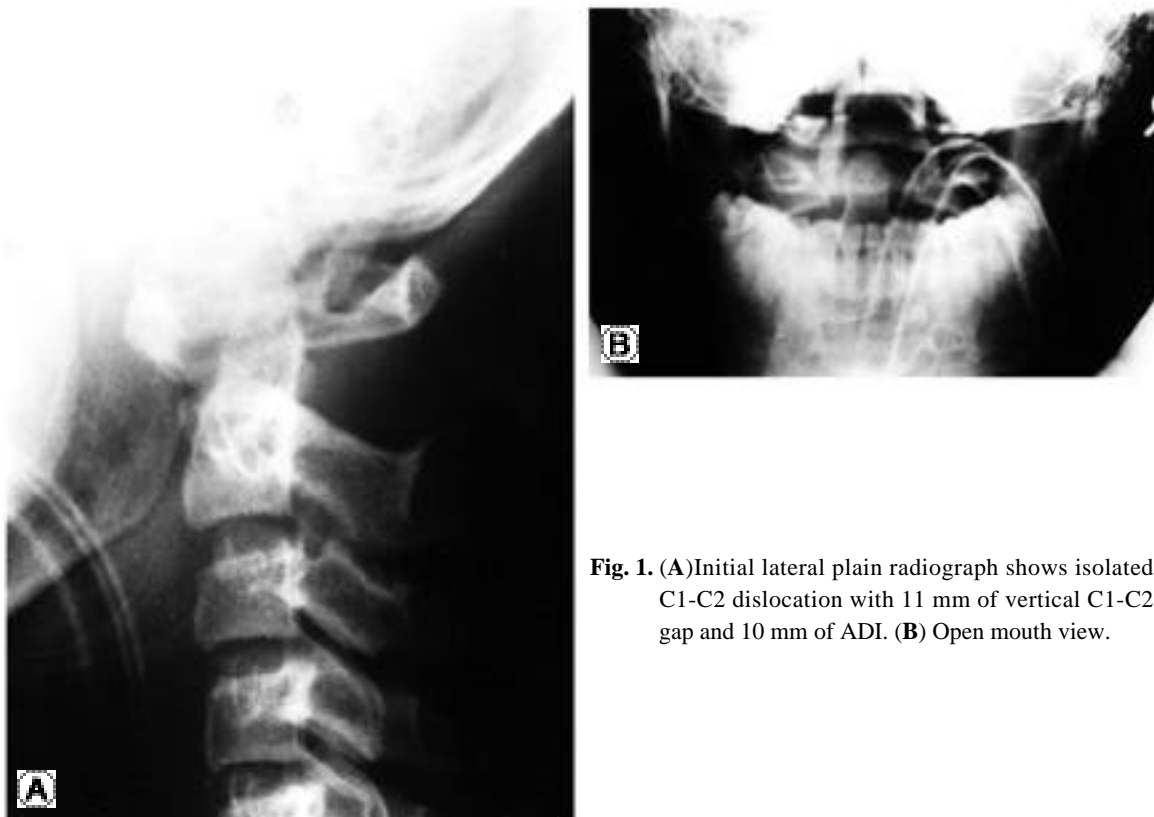
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 1-2 10-11  
 11 mm , - 10 mm (Fig. 1)  
 4 halo vest , 48  
 1-2 (detrusor areflexia)  
 가 ,  
 (Fig. 2).  
 halo ring halo  
 vest 가  
 3  
 가 1-2 halo-vest 가  
 12  
 (Fig. 3).  
 16 가 가



**Fig. 1.** (A) Initial lateral plain radiograph shows isolated C1-C2 dislocation with 11 mm of vertical C1-C2 gap and 10 mm of ADI. (B) Open mouth view.



**Fig. 2.** Noncontrast T1 and T2-weighted sagittal magnetic resonance imaging of cervical spine shows vertical migration and anterior displacement of atlas.



**Fig. 3.** Postoperative one year roentgenogram showing solid arthrodesis between C1-C2.



**Fig. 4.** Noncontrast T1 and T2-weighted sagittal scan demonstrates the atrophy of spinal cord and epidural fat at T10-T11 level.

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 (respiratory distress syndrome)  
 (medulla oblongata)  
 1, 2  
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 Bohlman 가  
 20-gauge  
 halo vest 12  
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Brown-Séquard

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1-2

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