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Letter to the Editor

Slient death

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Dear Editor,

Occipital condyle fractures are often a rare craniocervical injuries occurring at high speeds (1). Conservative treatment is enough. X-rays may not be seen, but can be diagnosed by computed tomography. Treatment is usually conservative but surgery may only be required in the presence of atlantooccipital dislocation. Causes neurological disorders such as lower cranial nerve defects or extremity weakness. BT was not common in past periods. Therefore, data on this rare fracture is very small. Mueller et al. have reported OCF incidence as 1.19%/5 years in their study they have performed recently (2). Mortality risk is high in undiagnosed cases. For the prevention of this situation, In all symptomatic or asymptomatic high-speed head trauma cases,when clinical examination is required with CT.

In this letter, we present an occipital condyle fracture detected during the diagnosis and treatment of the patient, who was brought to our emergency department due to a car accident and did not have any active complaints other than neck pain, and emphasized the importance of this fracture.

Evaluation of vital parameters in the emergency room of the patient was normal. On physical examination of the patient, there were abreze areas on the anterior chest wall and a few parts of the face due to trauma. In radiological imaging of patient, on thorax tomography, left lung parenchyma revealed diffuse contusion, but no rib fracture. On the other hand, left occipital condylar fracture (figure 1) is determined in brain tomography. Since the patient has a condylar fracture, brain and cervical magnetic resonance imaging was performed on the patient in order to determine whether there is any connective tissue damage. No damage was determined in soft tissue. In the evaluation of the patient by the neurosurgery clinic, it was suggested that surgery for the condyle fracture was not necessary and the patient should use a cervical collar for 12 weeks.

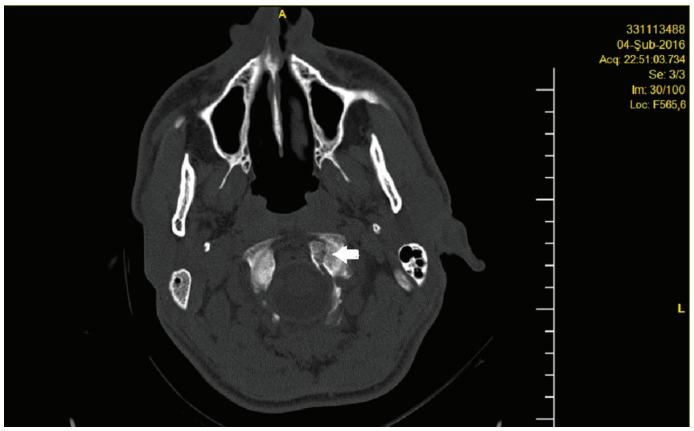

Figure 1. Non -deplase left occipital condyle fracture is observed on axial section of cranial CT

First description of OKK has been performed by BELL on 1817 (3). İn literature, OKK cases have been described in fatal accidents with atlanto-occipital dislocation or fracture due to severe head trauma.(4-5). Generally, damage in twelfth (12th) cranial nerve is observed in these fractures, and damage in ninth, tenth and eleventh cranial nerves can also be observed due to their proximity. Damage in all of those four nerves (9th through 12th cranial nerves) can also be observed and this condition is named as COLLET-SICARD syndrome (6). Fatal cases can be observed in more advanced forms, atlantooccipital dislocations.

The recognition of soft tissue injuries is important in patients with blunt head trauma. In these patients, CT findings including craniocervical junction require more investigation including a detailed neurological examination and MRI imaging. Clinical examination and conservative treatment may save the lives of these patients.

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