

SPINAL FRACTURES AND SUBLUXATIONS

Fractures and luxations of the cervical and thoracolumbar spine (Figure 1) are commonly managed at the DVSC. Options for treatment include surgical stabilization or conservative treatment with external braces, confinement, and analgesics. The best course of treatment depends on the neurologic status and health of the patient and the expectations of the owner.



Several options for surgical stabilization exist. Experienced surgeons commonly use spinal plating techniques or combinations of screws, pins, and polymethylmethacrylate (PMMA). Fracture/luxations involving the thoracic and cranial lumbar spine are usually amenable to bone plate application using traditional DCP or newer SOP plates.

Cervical fractures are more commonly stabilized with screws and PMMA. Once screws are secure, PMMA is placed over the screw heads to create a “custom bone plate.”

Lower lumbar fracture/luxations are generally stabilized using either an external fixator made of spinal arches and threaded pins (Figures 4 and 5) or screws and

PMMA. Fluoroscopy is often used to help reduce spinal fractures accurately as well as place orthopedic implants safely into the vertebral bodies. Limited approaches and even closed reductions may be possible with the use of intraoperative fluoroscopy.

