Cervical Spine Fracture. Tracheotomy?∗
Fractura cervical. ¿Traqueotomía?

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Figure 1
We present the case of a 76-year-old male patient who suffered a trauma with fracture of the T12 vertebra. While in hospital he suffered a paralytic ileus, complicated by bronchoaspiration and respiratory arrest, requiring intubation. Intubation was difficult but it was possible to introduce a Fastrach™ airway tube after several attempts. Once the patient had been stabilised in the intensive care unit, our collaboration was requested to perform a tracheotomy since there was a high resistance to airflow.

Cervical examination revealed a swelling of the thyroid cartilage along with cervical crepitation and a haematoma in the sternal notch. We decided to perform a CT scan to rule out lesions in the upper airway.

As shown in the image (Fig. 1), there was a maximum-grade fracture of the T1 vertebra with antero-spondylolisthesis of C7 with respect to T1. The fracture involved the spinal canal and there was protrusion and obstruction of the trachea, in whose interior the airway tube was observed.

Tracheotomy was ruled out due to the risk of destabilising the cervical fracture and increasing spinal cord displacement and compression. The patient was transferred to the Neurosurgery Department for cervical fracture stabilisation. Days later, he died due to sepsis caused by generalised candidiasis.

From this we conclude that, in cases of cervical fracture, it is important to take into account the possibility of spinal injuries and damage to the trachea that may hinder a tracheotomy, or that the tracheotomy itself may complicate the prognosis of such pre-existing injuries.