

Oral presentation

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Collet-Sicard-syndrome with spinal epidural hematoma due to occipital condyle fracture – a case report

Nils Christian Utheim*¹, Roger Josefsen¹, Per Nakstad² and Olav Røise³

Address: ¹Department of Neurosurgery, Oslo University Hospital, Oslo, Norway, ²Department of Neuroradiology, Oslo University Hospital, Oslo, Norway and ³Department of Orthopedics, Oslo University Hospital, Oslo, Norway

Email: Nils Christian Utheim* - ncutheim@online.no

* Corresponding author

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Introduction

Occipital condyle fractures (OCF) are rarely reported in literature and it is unclear whether these fractures are rare or under-diagnosed. Occipital condyle fractures are associated with high-energy blunt trauma with significant cranial-cervical torque or axial loading.

Methods

This case report is based on a retrospective review of the medical record of a 24-year old female admitted to our Trauma Center after being involved in a car accident.

Results

The patient was polytraumatized with multiple injuries; pneumothorax, pulmonary contusion, fractures of the upper and lower extremities and a cervical fracture. The CT scan revealed a slightly dislocated fracture of the right occipital condyle. Due to her severe injuries complicated by ARDS, she was treated in the intensive care unit for 6 weeks. During rehabilitation, she was diagnosed with paresis to the left sternocleidomastoid and trapezius muscle. She also had hoarseness and difficulties swallowing. These findings are related to palsy of the four lower cranial nerves (IX–XII). MRI scan showed a chronic epidural hematoma from C2 to Th10. Three years after the accident the patient still suffers from paralysis of the left trapezius and sternocleidomastoid muscle and insignificant paresis of the throat muscles. She is partly disabled due to left shoulder and neck pain.

Conclusion

The palsy of cranial nerve IX–XII was first described in 1915 and is known as Collet-Sicard-syndrome. It is a rare condition mostly caused by malignant skull base lesions or internal carotid dissection. This case is one of very few reported due to OCF. It demonstrates that fractures of the occipitoatlantic joint might be associated with severe disabling soft tissue injuries. A CT scan disclosing OCF should therefore lead to further investigations.