CERVICAL STENOSIS IN AN EMERGENCY DEPARTMENT

REVISTA ARGENTINA DE MEDICINA
ISSN 1515-3460
Buenos Aires
Aydın D, Gurses ME, Ozturk E, Avcı S. Cervical stenosis in an emergency department. *Rev Arg Med* 2018;6(3):196-197

Recibido: 5 de julio de 2018.
Aceptado: 31 de julio de 2018.

[1] Unidad de Emergencias del Hospital Estatal Kars Harakani, Kars.
[2] Unidad de Emergencias del Hospital de Investigación y Capacitación Sabuncuoğlu Şerefeddin de la Universidad de Amasya, Amasya, Turquía. dnzlsema@gmail.com

ESTENOSİS CERVİCAL EN UNA SALA DE EMERGENCİAS

Davut Aydın,[1] Muhammet Enes Gurses,[1] Elif Ozturk,[1] Sema Avcı[2]

Introductıon

Spinal column diseases are the most common syndromes in older age by extensive degeneration processes, particularly in the intervertebral disks and vertebral bodies (1). The diskopathy and spondylosis can lead to constriction of the spinal canal, usually in the lumbar and cervical spine (1). We aim to present two images of cervical stenosis with no sensory deficits and motor disturbance.

Los autores manifiestan no poseer conflictos de intereses.

AUTOR PARA CORRESPONDENCIA
Sema Avcı, MD. Hospital de Investigación y Capacitación Sabuncuoğlu Şerefeddin, Universidad de Amasya, Amasya, Turquía.
Correo electrónico: dnzlsema@gmail.com

Case 1

A 85-year-old man with sudden onset of progressive bilateral upper and lower extremity weakness was admitted to an emergency department. Cervical spine MRI revealed narrowed C3-C4 intervertebral space, diffuse overflow on the disk and pressure to dura mater (Figure 1). The patient died due to aspiration pneumonia on postoperative twentieth day.

Case 2

A 67-year-old man admitted to an emergency department with upper and lower extremity weakness. Cervical spine MRI revaled narrowed C3-C4, C4-C5 intervertebral space and diffuse overflow on the disc (Figure 2). The patient was discharged without sequelae on the seventh postoperative day. RAM

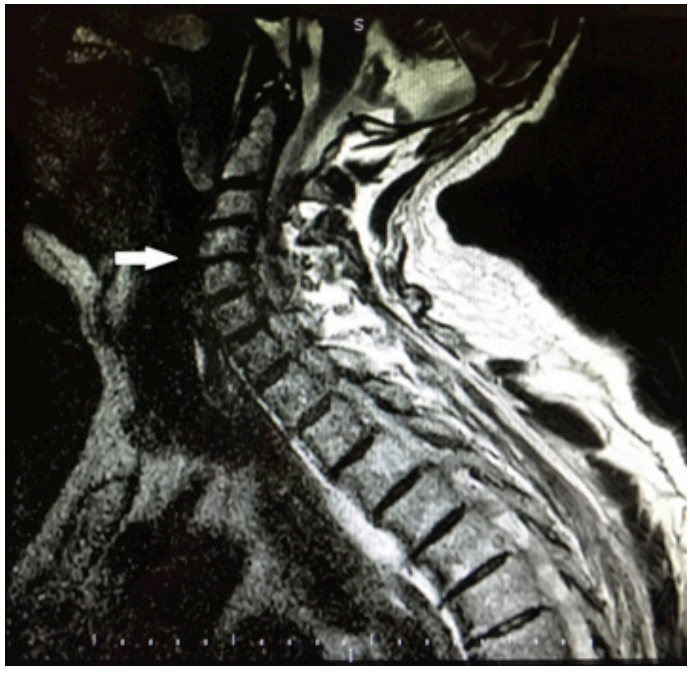

Figure 1.

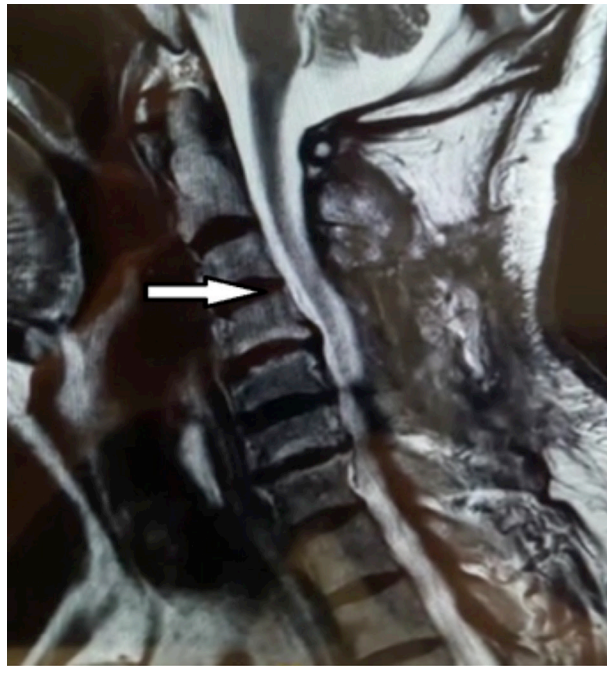

Figure 2.

Reference

1. Meyer F, Börm W, Thomé C. Degenerative cervical spinal stenosis. *Dtsch Arztebl Int* 2008;105(20):366-72