
Discussion – In a post-injury context, the literature describes a frequent dysphagia with notably mechanical obstacles due to cervical hematoma or osteophytes. In case of no injury-context, these pharyngeal extrinsic compressions are described in diffuse idiopathic skeletal hyperostosis (Forestier disease) or inflammatory diseases like ankylosing spondylitis. Even rarely indicated, surgical resection of anterior osteophytes could produce good clinical and radiographical outcomes.

References

Original observation after a cervico-occipital disjunction: Gerhardt syndrome associated with Riegel syndrome
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Introduction – Observations of cervico-occipital disjunction are rare. Short-term prognosis is poor. We report the case of a patient presenting cervico-occipital disjunction who achieved a favorable outcome with exceptional laryngeal disorders.

Case report – A 55-year-old man, with no medical history, presented cervico-occipital disjunction caused by a violent deceleration while he was driving a vehicle. He also suffered a heart failure. The initial assessment showed cervico-occipital dislocation with an epidural and prevertebral haematoma, a contusion at the bulbo-medullary junction and a diffuse brain oedema. He was in an intensive care unit for 2 months. He had a tracheotomy and presented severe tetraparesis. The course was favorable and the tracheotomy cannula was removed. The patient was then referred to the rehabilitation unit. Seven days later, the patient developed acute laryngeal dyspnea. The fibroscopy exploration revealed a right Gerhardt syndrome (the vocal cord stayed permanently in a paramedian position) and a left Riegel syndrome (the vocal cord stayed permanently in a median position). Swallowing disorders is also caused by the paralysis of the left side of the tongue. Due to the narrow laryngeal passage and the major dyspnea, a new tracheotomy was made. The electromyogram showed hyperactivity of the thyro-arytenoidian muscles but no denervation signs in abductor muscles. An injection of botulinic toxin was made in the arythenoidian muscles.

The clinical course was favorable: standing ability, gripping ability, orally feeding, no dyspnea, loud and clear voice.

Discussion – The clinical motor recovery achieved by this patient after such serious trauma is exceptional. This case illustrates the importance of carefully monitoring the laryngeal region after a cervical spine injury due to the risk of swallowing and respiratory disorders. Botulinic toxin was an exceptional indication here: cord vocal hyperactivity. In this situation, it functioned as a diagnosis test, a reversible treatment and an alternative to the surgery.