Cervical spine fracture associated with ankylosing spondylitis

A 53-year-old man with ankylosing spondylitis (AS) was found unresponsive on the ground. He was comatose and quadriplegic with absent cough and gag reflexes but preserved corneal and pupillary responses. CT of the spine (figure) showed displaced C2 fracture, severely deformed spinal cord, and complete spinal ankylosis. He developed hemodynamic instability with persistently poor arousal, and his family elected to withdraw care. AS, chronic inflammatory disease of the axial skeleton, results in ossified ligaments and loss of elasticity, predisposing to spinal fractures following minor trauma. Three-quarters of these fractures occur in the cervical spine, with associated mortality rate of 35%.1

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