VOLUME-6 | ISSUE-4 | APRIL - 2017 • ISSN No 2277 - 8179 | IF : 4.176 | IC Value : 78.46

CERVICAL PAIN WITH C8 VERTEBRA- A RARE CASE

Orthopaedics

KEYWORDS: extra cervical vertebrae, cervical pain, C8 vertebra, abnormal C8 vertebra

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ABSTRACT Cervical pain is a common problem an orthopaedic surgeon has to deal with. There are multiple causes for the same. A proper understanding regarding the cause is required for proper management. We report a case of C8 vertebra as a cause of cervical pain which is very rare.

INTRODUCTION

Majority of patients presenting with cervical pain have simple type of pain which is mostly caused by postural or mechanical reasons. Aetiological factors are poorly understood and are usually multifactorial, including poor posture, anxiety, depression, neck strain, and sporting or occupational activities [1]. Most episodes of acute neck pain resolves with or without treatment, but nearly 50% of individuals will continue to experience some degree of pain or frequent occurrences. Clinical diagnosis is possible in most of the patients and they do not need any further investigation. Plain radiographs of the cervical spine may show a loss of normal cervical lordosis, suggesting muscle spasm, but most other features of degenerative disease are found in asymptomatic people [2]. Along with these among rare causes of cervical pain is an additional cervical vertebra. Randomised controlled trials identified by systematic reviews provide moderate evidence that various exercise regimens—using proprioceptive, strengthening, endurance, or coordination exercises—are more effective than usual care (analgesics, non-steroidal anti-inflammatory drugs, or muscle relaxants) or stress management.[3].

CASE REPORT

A 14 year old male came with pain in cervical region for 2 years for which he had visited multiple doctors. The pain was not radiating to upper arms. Pain was present on and off since 2 years which got relieved by over the counter medications. He was non diabetic and no other co-morbidities. He was student by profession and frequent nodding of head was required to read books. There was no history of trauma and fever. On examination, patient had two prominent points over the lower cervical region(Fig 1). He had local tenderness over either of them. There was no pain on compression vertically and patient had pain while turning head anteriorly. He felt relieved while turning head posteriorly. There was no associated pain with lateral movements. He had no sensory, motor or reflex abnormalities. Radiology showed no signs of trauma, but incidentally it was noted that cervical spine had 8 vertebrae instead of usual 7(Fig 2). He was treated conservatively with anti-inflammatory and improved well.



Fig 1- Two prominent points of lower cervical region



Fig 2 – Xray showing two prominent spine at lower cervical region; C7 and C8

DISCUSSION

The vertebral bodies are formed from the 4th week onwards as a result of migration of cells from the sclerotome regions of the somites in the ventromedial, ventrolateral and dorsal direction. Chondrifi cation takes place from the 6th week onwards[4].

History and physical examination can provide important clues as to whether the pain is neuropathic or mechanical and can also be used to identify "red flags" that may signify serious pathology, such as myelopathy, atlantoaxial subluxation, and metastases.

Magnetic resonance imaging is characterized by a high prevalence of abnormal findings in asymptomatic individuals but should be considered for cases involving focal neurologic symptoms, pain refractory to conventional treatment, and when referring a patient for interventional treatment.

CONCLUSION

We recommend thorough clinical and radiological examination of a patient presenting with chronic cervical pain as conditions like C8 vertebra may cause recurrent pain.

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