

# Přímá osteosyntéza dentu obratle C2

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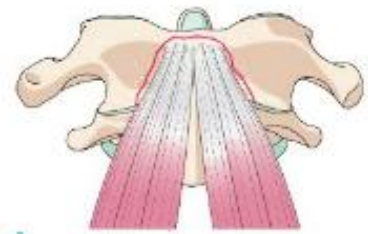
**Klinika úrazové chirurgie, FN Brno\***  
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 **FAKULTNÍ  
NEMOCNICE  
BRNO**

**TRAUMACENTRUM**



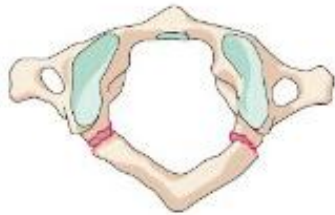
# Klasifikace zl. C1 dle Gehweilera



a



b



c



Fig 6.3.10-1a-c

- a Anterior arch fracture.
- b Posterior arch fracture.
- c Jefferson-type burst fractures.



d



e



f

Fig 6.3.10-1d-f

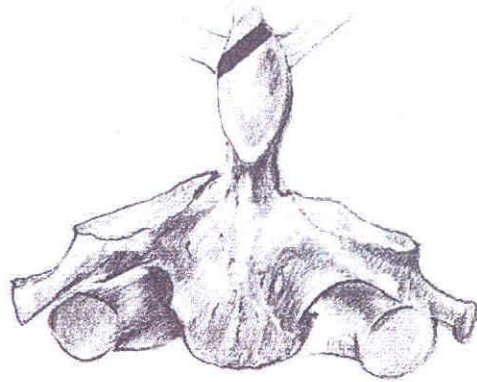
- d Lateral mass fracture.
- e Transverse process fracture.
- f Horizontal cleavage fracture.

# Poranění obratle C2

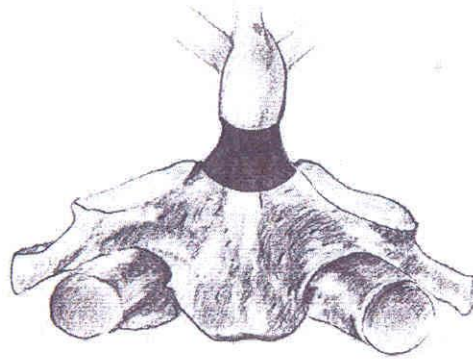
- Cca 20% všech poranění krční páteře
  - 60% zl. Dens axis
  - 25% katovské
  - 15% ostatní
- 3-25% s částečnou neurologií
- Kompletní neurologie většinou smrt



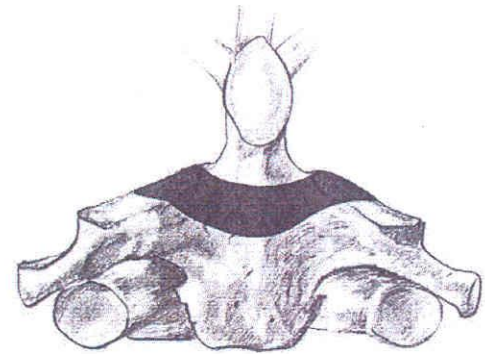
# Anderson-D'Alonzo klasifikace



I. typ

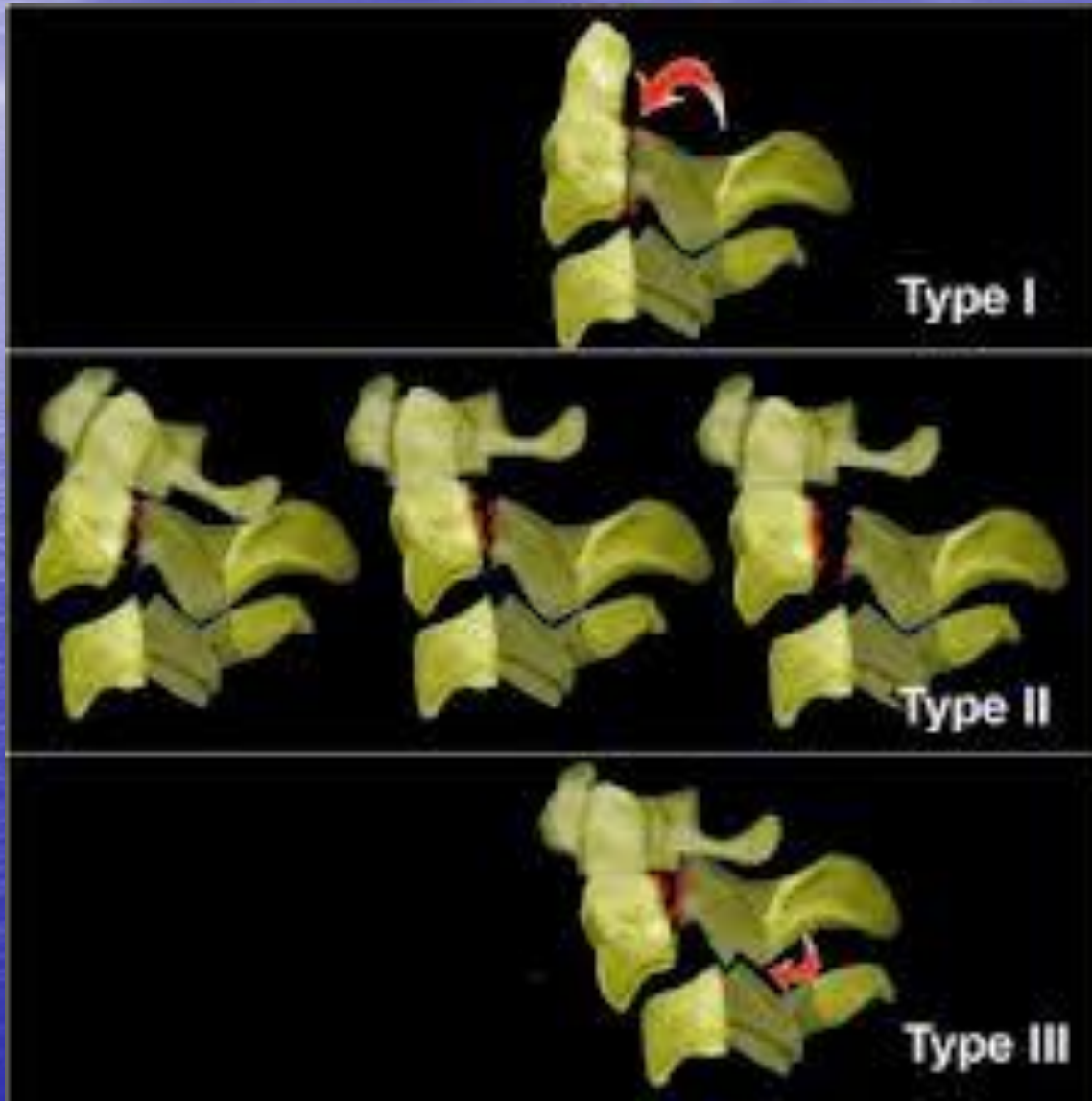


II. typ

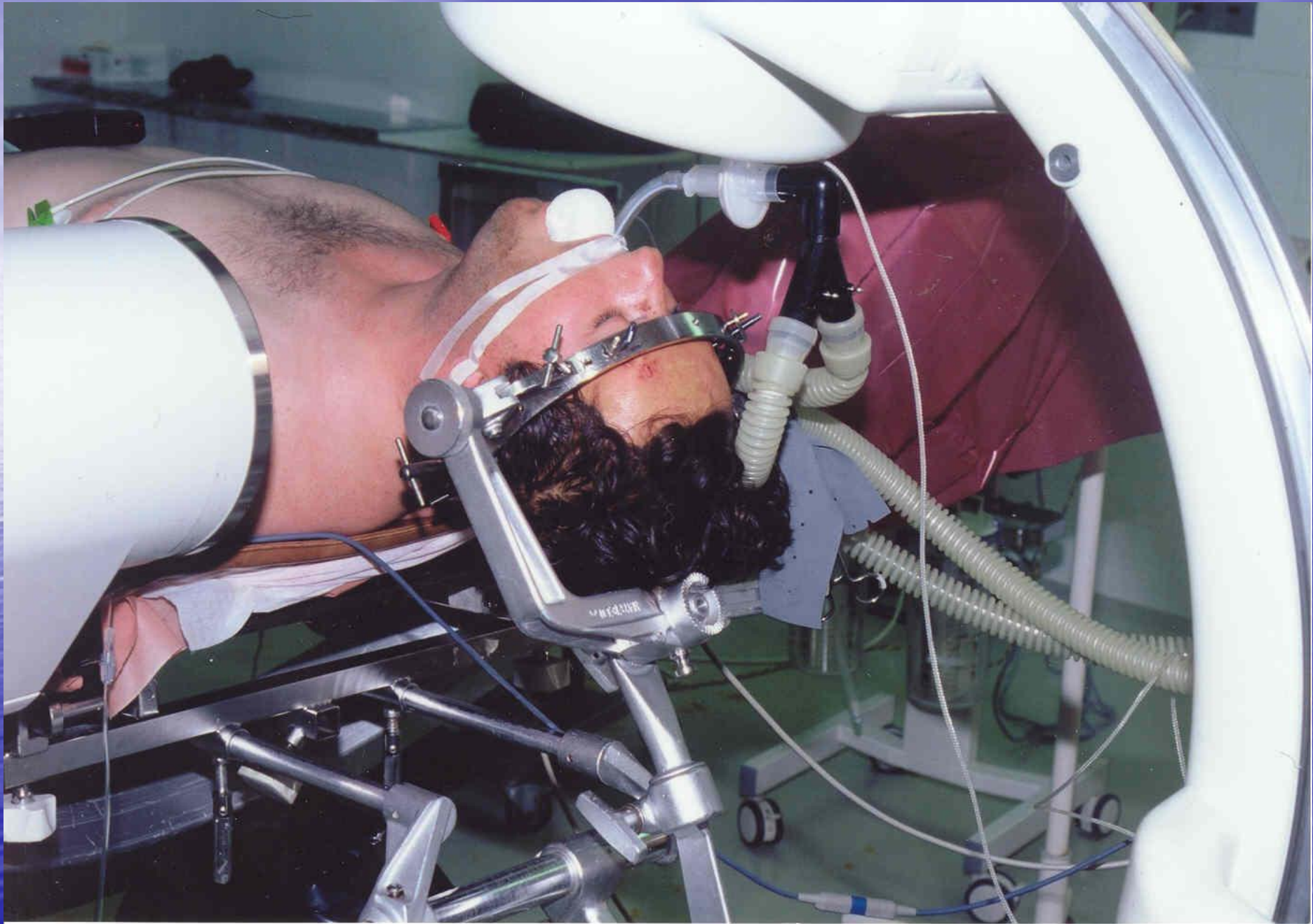


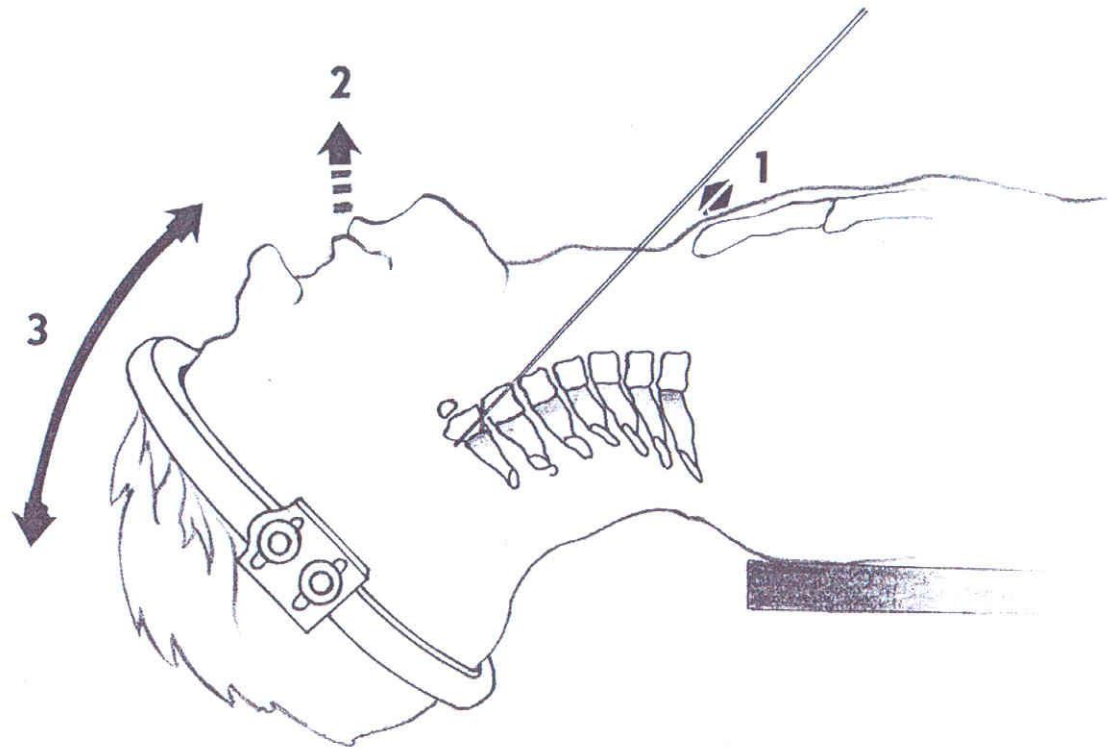
III. typ

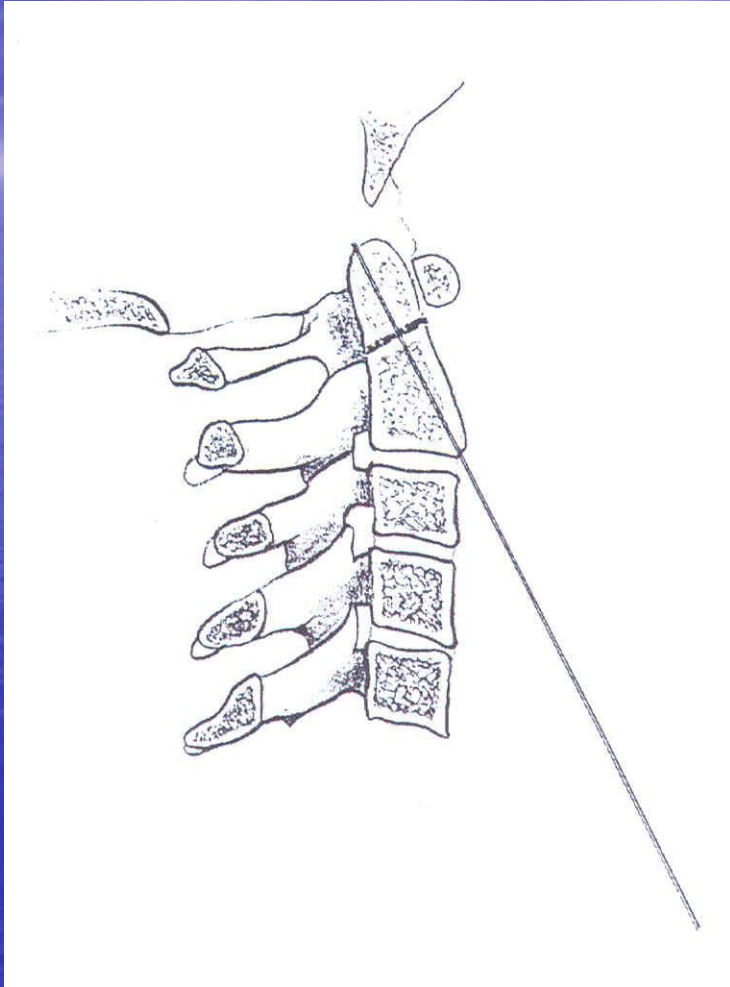
# Klasifikace dle Jeffersona



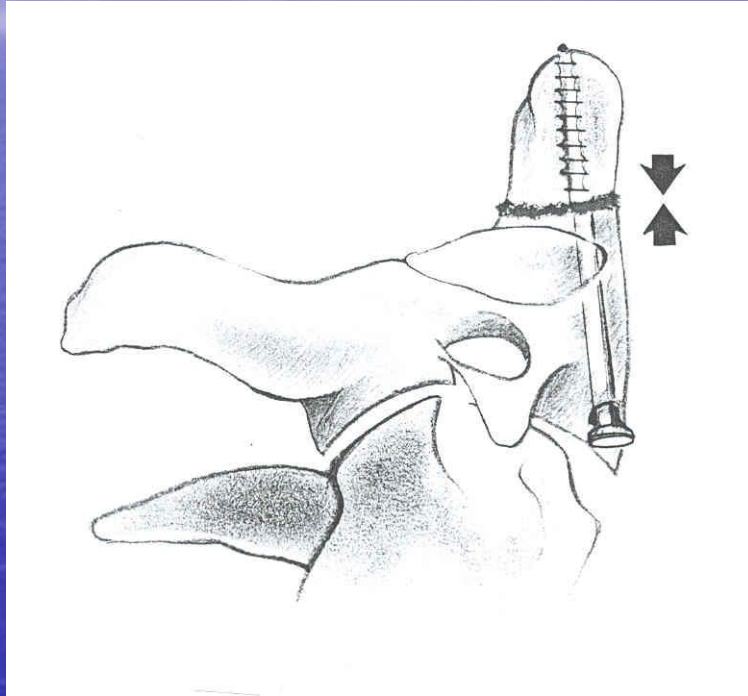








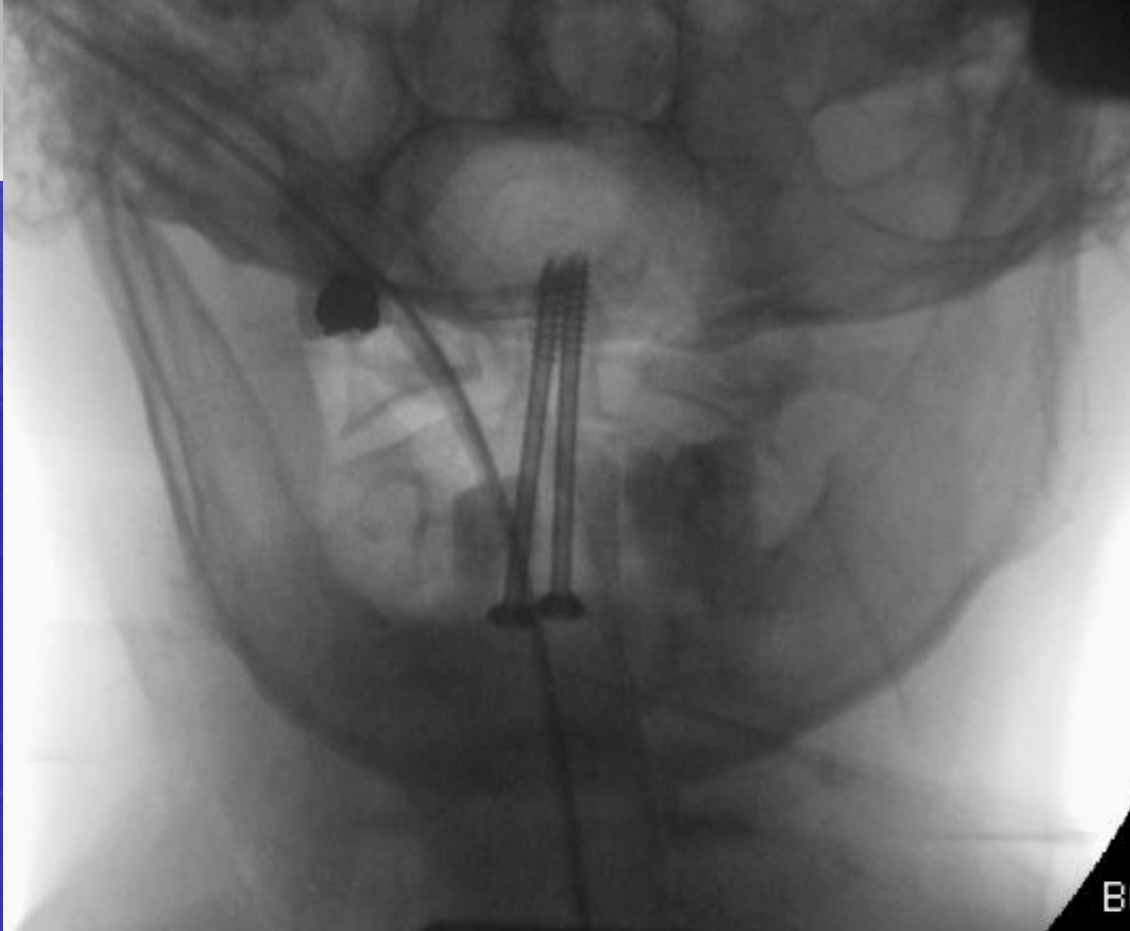




# Kompresní osteosyntéza

## Dens acces









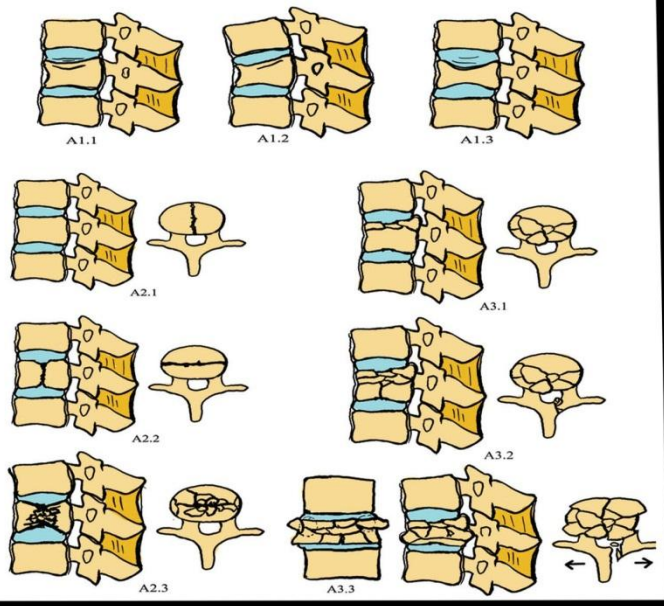


# Naložený Halo aparát

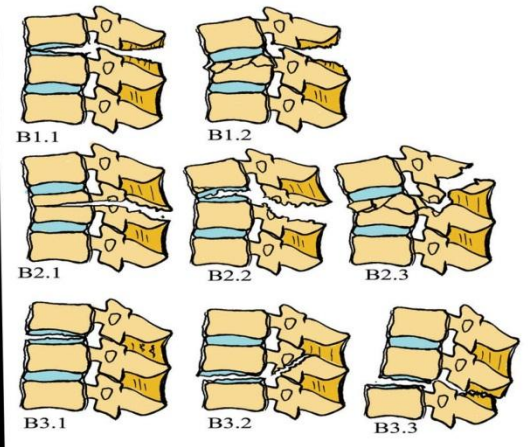




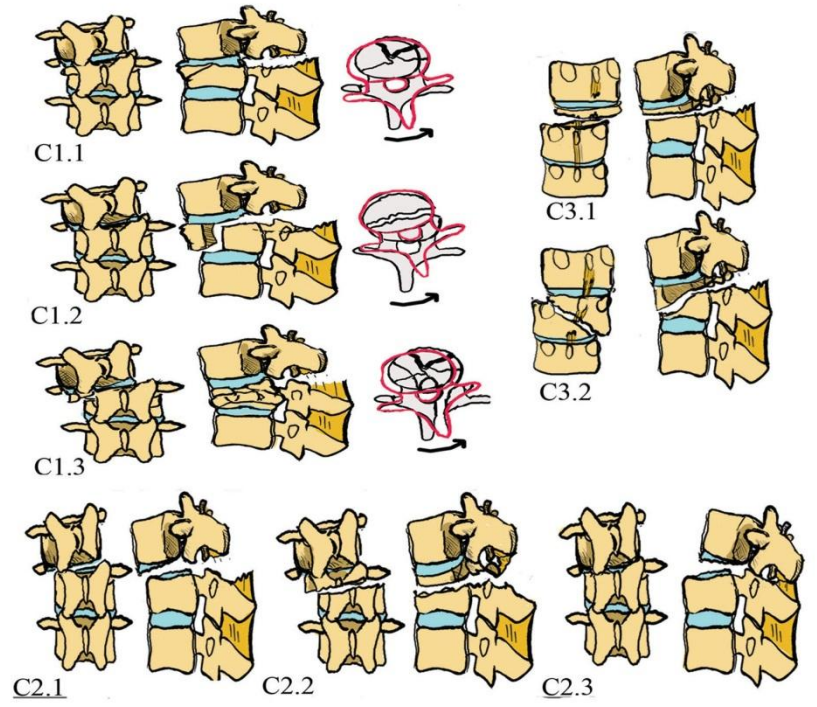
A



B



C



IVAD

- Z pohledu spondylochirurga je vhodné provést CT na C2 ihned po operaci a případně provést korekci v jedné době
- Je to proveditelné?
- 11x operace, 2x malpozice šroubu, 1x distrakce fragmentů



Děkuji za pozornost