

 IMAGES OF SPINE CARE

Severe thoracic kyphosis

A 64-year-old man presented with severe weakness of the lower limbs after falling 3 meters 3 days earlier. Physical examination showed hypoesthesia below the arch rib, grade 1 weakness of the lower limbs, absent deep tendon reflexes, and a negative Babinski sign. Radiographs (Fig. 1A), computed tomography reconstruction images (Fig. 1B and C), and magnetic resonance imaging (Fig. 1D) revealed kyphosis with a Cobb angle of 180 and associated rotational

deformity. T10 and T11 were the top vertebrae and there was spinal stenosis at T8–L1 with spinal cord compression. The patient was treated with decompression of the spinal canal on T10 and T11 and screw internal fixation (Fig. 2). Sensory and motor deficits were unchanged at 3 months' follow-up.

Hao-Xuan Zhang, PhD
Xin Pan, PhD, MD
Yong Hou, PhD, MD
Lei Cheng, PhD, MD

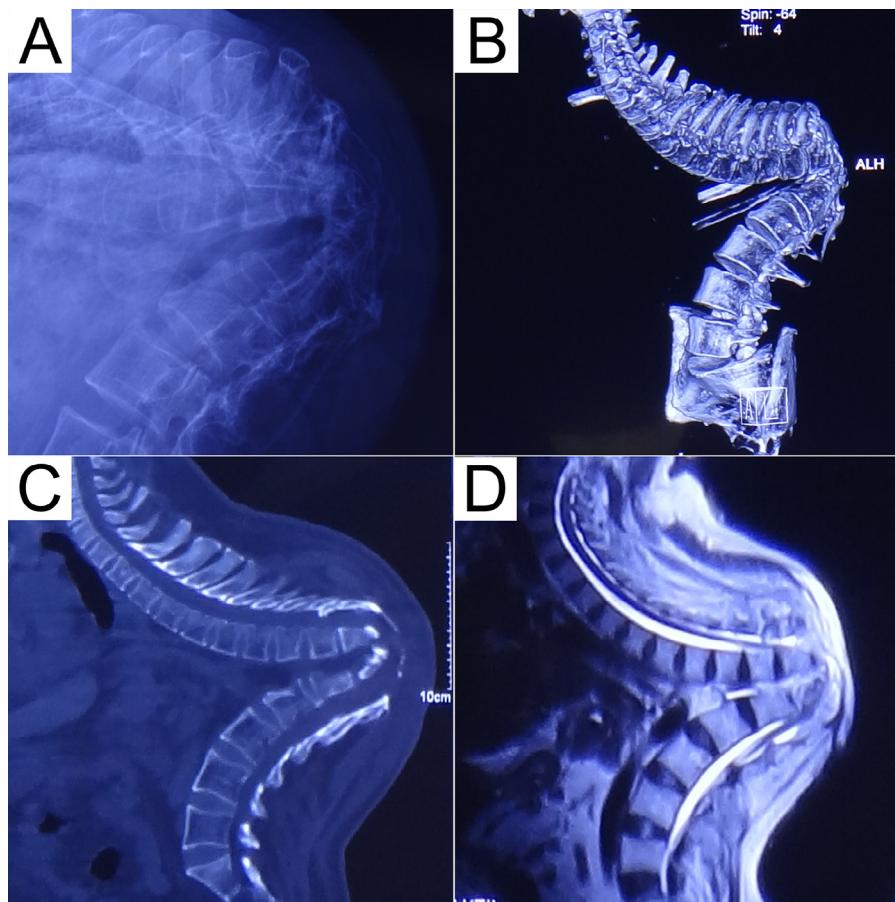


Fig. 1. X-ray radiographs (A), three-dimensional and sagittal computed tomography images (B and C) of spine demonstrating Cobb angle of kyphosis was about 180 with rotational deformity. Sagittal magnetic resonance imaging (D) of spine and spinal cord demonstrating spinal stenosis with spinal cord compression at the T8–L1 level.

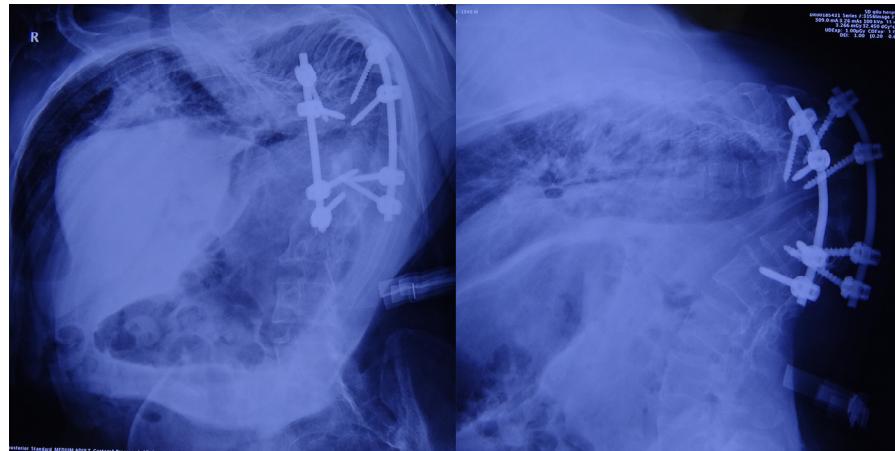


Fig. 2. X-ray radiographs after treatment.

Yu-Hua Li, PhD, MD

Meng Si, PhD, MD

Shuai-Shuai Wang, MS

Lin Nie, PhD, MD

*Department of Orthopedics
Shandong University Qilu Hospital
Jinan, Shandong, China*

FDA device/drug status: Not applicable.

Author disclosures: **HXZ**: Nothing to disclose. **XP**: Nothing to disclose. **YH**: Nothing to disclose. **LC**: Nothing to disclose. **YHL**: Nothing to disclose. **MS**: Nothing to disclose. **SSW**: Nothing to disclose. **LN**: Nothing to disclose.

The authors declare no conflicts of interest associated with this study.