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IMAGES OF SPINE CARE

Omovertebral bone associated with Sprengel deformity presented with chronic cervical pain

A 63-year-old woman presented with complaint of chronic cervical pain. Computed tomography scan showed elevation and rotation of the left scapula, partial fusion of the C2–C7 vertebrae, and cervical scoliosis. An abnormal osseous connection between the superomedial border of the scapula and the left lamina of C6 vertebra was also seen (Figs. 1 and 2). Imaging findings were compatible with omovertebral bone with Sprengel deformity. Sprengel deformity is the gestational failure of caudal migration of the scapula to its normal position.

The omovertebral bone is an abnormal bony or fibrous connection between the spinous processes, lamina, or transverse processes of the C4–C7 vertebrae and the superomedial border of the scapula. It could be seen in approximately one-third of patients with Sprengel deformity [1]. It might cause local pain and restricted shoulder motion.

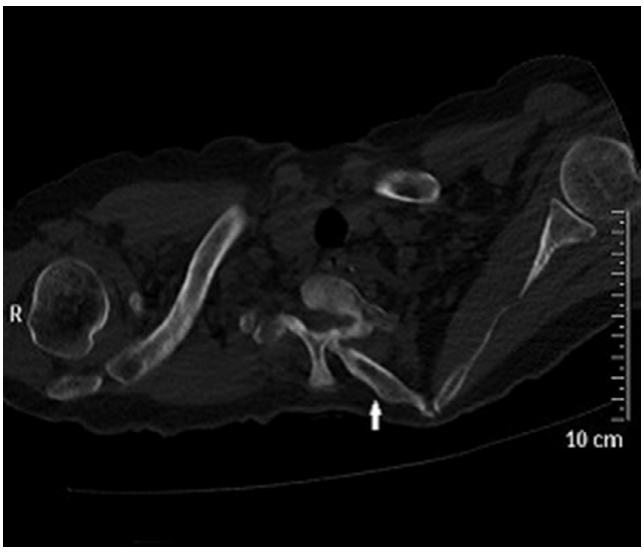

Fig. 1. Axial computed tomography (CT) image shows omovertebral bone extending from the left lamina of the C6 vertebra to the medial aspect of the left scapula (arrow).

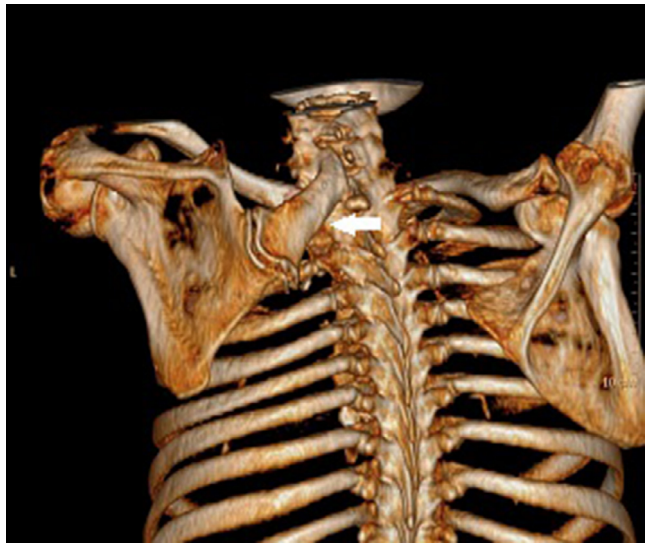

Fig. 2. Posterior view of a 3-D volume-rendering reconstruction of the computed tomography (CT) image shows the omovertebral bone (arrow).

Reference

[1] Fullbier L, Tanner P, Henkes H, Hopf NJ. Omovertebral bone associated with Sprengel deformity and Klippel-Feil syndrome leading to cervical myelopathy. J Neurosurg Spine 2010;13:224–8.

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