



AB232. 106. Atypical presentation of facet joint subluxation following syncopal events during phlebotomy in the general practitioners (GP) setting

Peadar Mac Suibhne, Joseph Butler

Department of Orthopaedic Spinal Surgery, Mater Misericordiae University Hospital, Dublin, Ireland

Abstract: Cervical facet dislocations and fractures represent a spectrum of spinal column injuries that are often missed on plain film imaging. Unilateral facet joint dislocations are the most frequently missed of these injuries followed closely by bilateral facet joint dislocations. Unilateral dislocations typically result in approximately 25% subluxation of the vertebra relative to the adjacent level with a mono-radiculopathy that often improves with closed reduction by way of traction. Road traffic accidents and falls account for the majority of facet dislocations in the literature. There are

no reports of such injuries being sustained following syncopal events during medical procedures. We present 2 such cases where both patients sustained their injuries in their general practitioners (GP) practice during routine phlebotomy. A 25-year-old male was referred to our unit having presented to his local orthopaedic department complaining of neck pain. He had attended his GP 3 days prior for routine phlebotomy and suffered a vasovagal event and struck his occiput against the ground. He was found to have bilateral dislocations of his C5/6 facet joints. A 42-year-old with a history of previous vasovagal episodes was referred to his local emergency department by his GP having suffered a syncopal event during routine phlebotomy. He was subsequently transferred to hospital where he was found to have a right-sided unifacet fracture and perched C6/7 facet on CT. There should be a low threshold for multi-planar imaging of the cervical spine in cases of cranio-axial injuries.

Keywords: Facet; joint; subluxation; atypical

doi: 10.21037/map.2018.AB232

Cite this article as: Mac Suibhne P, Butler J. Atypical presentation of facet joint subluxation following syncopal events during phlebotomy in the GP setting. *Mesentery Peritoneum* 2018;2:AB232. doi: 10.21037/map.2018.AB232