

## AB181. 146. Acute GI pathology associated with a chance fracture

Colin McQuade<sup>1</sup>, Ciara O'Brien<sup>2</sup>, Peadar S. Waters<sup>1</sup>, William Torregianni<sup>2</sup>, Dara O'Kavanagh<sup>1</sup>

<sup>1</sup>Department of Colorectal & General Surgery, <sup>2</sup>Department of Radiology, The Adelaide & Meath Hospital, Tallaght, Dublin, Ireland

**Background:** A Chance fracture is a flexion-distraction injury of the thoracolumbar spine, which involves all three spinal columns. Approximately 40% of patients with Chance fractures have associated intra-abdominal injuries. General surgical and spinal surgical input is often required in these patients.

**Methods:** We present the case of a 19-year-old patient who was a restrained front-seat passenger in a high-velocity road traffic accident. We outline their injuries sustained and radiological findings. We also present an overview of the radiological features of Chance fractures.

**Results:** A CT scan demonstrated an L4 Chance fracture, with 10% loss of vertebral body height, extending to the left pedicle and crossing the left facet. There were non-

displaced fractures of the left transverse processes of L3 & L4. Close to the duodenojejunal junction, circumferential mural thickening of the proximal jejunal loops was noted. Perihepatic and pelvic fluid was visualised, which was felt to be haemorrhagic based on fluid density. No contrast was noted in the free fluid. There was no spinal cord impingement on a subsequent MRI.

**Conclusions:** This patient went on to have a laparotomy, for repair of a blowout perforation of the proximal jejunum and mesenteric tear. The patient also had spinal surgery for her Chance fracture. Radiologists should always have a high index of suspicion for Chance fractures in the appropriate clinical context. Delayed recognition of associated intra-abdominal injuries may contribute to significant morbidity and mortality. Patient's with Chance fractures should have appropriate imaging of their abdomen and pelvis if not already imaged.

**Keywords:** Acute; gastrointestinal; pathology; chance; fracture

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