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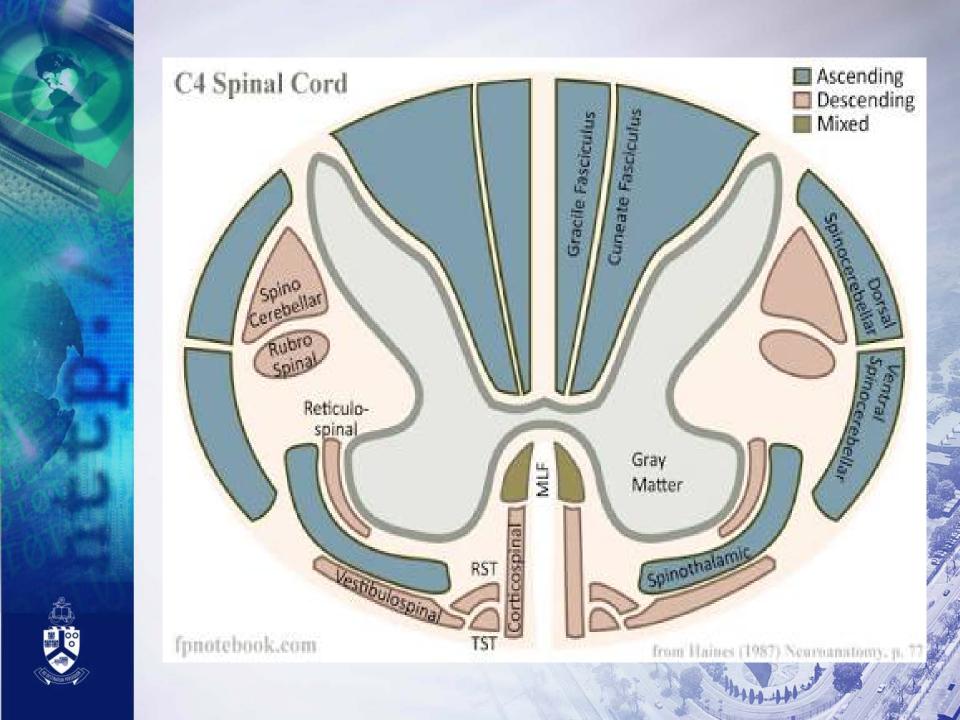






## CHALLENGES IN MANAGING CERVICAL SPINE TRAUMA WITH QUADRIPLEGIA

- (A) THE INJURY
- (B) THE PATHOPHYSIOLOGY
- (C) THE CLINICAL PROBLEM
- (D) THE MANAGEMENT
- (E) THE CONTROVERSIES





### (A) THE INJURY (B) PATHOPHYSIO

- Quadriplegia:
  - corticospinal tracts damaged
  - Cardiovascular instability:
    - sympathetic nervous system down
  - Respiratory instability:
    - phrenic nerve C3/C4/C5
    - intercostals paralysed



Cardiovascular instability

BP\, HR\: vasc dil, vagal predominance

Respiratory changes

Central drive, TV, FRC, TLC: failure

**Neuromuscular** 

Flaccid quadriplegia early (neurog shock)

Spastic quadriplegia later





#### (D) THE MANAGEMENT

- Careful intubation and ventilation
- Spinal stabilisation e.g. Cone calipers traction
- Patient positioning: bed flat, legs level or up

BP = CO X TPR

= SV X HR X TPR

SV depends on VR (venous return)

Cardiovascular management (further...)

HR increase to >80 p m (Atropine)

Increase volume (Ringers Lactate)











#### (D) THE MANAGEMENT...

The respiratory management (Vent strategies)

- SIMV + pressure support (rate 12, not more)
- Pressure support to selected TV
- PEEP from 5cm water,..increase as needed
- ABGs to be kept normal at minimum FIO2
- Gradual reduction of vent resp rate, incr p.s.
- Follow guidelines on daily nutritional needs
- Tracheostomy to be done as early as possible for the advantages over the long tube



#### (E) CONTROVERSIES

- Should we resuscitate a high spinal quad who needs intubation and ventilation?
- The case for role of surgical management in SCI?
- The case for conservative management in SCI?
- The use of steroids in SCI (NASCIS 2,3; CRASH)
- Repair of SCI by transplantation of olfactory ensheathing cells
- Autonomic dysreflexia
- Life expectancy shoul be normal in SCI



#### **REFERENCES**

- Kate A J Saman: Clinical Medicine Vol 6 No 2 2006
- James S Harrop et al: Neurosurgery; Vol 80, 3, 2017
- Jnl Neurosurgery; 1988; Vol 68, No 1



# Questions?



