A 12 old year boy was doing back flips on a trampoline when he landed on his neck. He had transient quadripareisis for few minutes but subsequently started recovering partially. At the time of presentation to the emergency department he had motor weakness in upper and lower extremities (2+5) and decreased sensations in both legs. The weakness was slightly more pronounced in the upper limbs compared with the lower limbs, more so in the central cord syndrome pattern. His bladder and bowel function was intact. X-rays and CT scan showed an Os Odontoideum. MRI confirmed the diagnosis and also showed a signal change in the spinal cord in T2 weighted images at the atlantoaxial articulation due to the instability induced injury. The patient showed gradual and consistent improvement after admission and was given few days to recover from the central cord syndrome. He was later operated for stabilization and fusion of Atlantoaxial articulation (C1- C2 Joint). He underwent C1 lateral mass screws and C2 pars screws and rod instrumentation along with a tricortical iliac crest autograft to promote fusion posteriorly. At the time of latest followup, at about 2 months, he was able to ambulate independently without upport and had complete sensory recovery.
Commentary

Os Odontoideum is an uncommon craniovertebral junction abnormality which manifests as a separate ossicle apart from a hypoplastic dens. The etiology is debated to be either congenital or traumatic. Signs and symptoms arise due to Atlantoaxial instability with absence of restraining mecha-

References

1. Menezes AH, Pathogenesis, dynamics, and management of os Odontoideum. Neurosurg Focus. 1999; 6: