LETTER TO THE EDITOR

Response to the letter by Rafid Kakel

Let me thank Dr Kakel from the, James Paton Memorial Hospital, Canada for his comment on our paper.

Pneumorachis is actually a rare phenomenon. While our department has a quite large experience of spinal trauma (e.g. 218 operated cases in 2010, from the operative room records), we only have seen a couple of non-neurological cases of pneumorachis over the past few years. Those were not judged worth of interest, and not reported. We proposed to report this particular case because of the associated neurological deficit. Such association has never been reported before, and we acknowledge that proposing a "new" cause for spinal cord suffering may be a matter of discussion: who would easily believe in what has never been seen before? Not us. We are actually glad of discussing further the point in this letter.

In our case, we did not observe any better and any other explanation to the deficit than the air induced compression on the spinal cord. Specifically we did not observe any "hematoma that could have leaked from the fracture of the base of the pedicle and left hemi-lamina of T8", as suggested by Dr Kakel. Moreover the rapid and spontaneous neurological improvement, that was concomitant to the disappearance of the pneumorachis, does not evocate to us a compressive hematoma that would not have absorbed so quickly.

In total agreement with Dr Kakel and the reference he quoted, we acknowledge that a normal MRI signal does not rule out a cord injury. We notice that clinical signs (deficit and improvement) speak for themselves. Once again, the most important information that the early MRI tells us, is the absence of compressive factor on the cord in the spinal canal.

Pneumorachis cases are so infrequent that is difficult to have clear-cut interpretations. It is likely that the air leaks from the pneumothorax to the spinal canal. In our patient, we suppose that the pressure that induced the air move into the spinal canal was, at some point, high enough to become aggressive to the spinal cord. I have to tell that, initially, we were not fully convinced ourselves. However, by thinking about it, the facts supporting the causality seemed convincing enough to submit the case to Orthopaedics & Traumatology: Surgery & Research. Obviously, additional reports of similar cases would be necessary to confirm the reality of the neurological syndrome that we recently described. Therefore we invite other authors to join this discussion and share their experience.

Disclosure of interest

The author has not supplied their declaration of conflict of interest.

M.-A. Rousseau
Department of Orthopaedic Surgery, Pitié-Salpêtrière Hospital, Paris VI University, 47-83, boulevard de l'Hôpital, 75013 Paris, France
E-mail address: m.a.rousseau@hotmail.com


1877-0568/$ – see front matter © 2011 Published by Elsevier Masson SAS.