

About a Rare Complication of Systemic Juvenile Idiopathic Arthritis

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Image Article

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Image Article

A 66-year-old North African male, treated for an axial spondyloarthritis with indometacin (100 mg per day), consulted for a new history of inflammatory neck and Hands pain. The neurologic exam showed paresthesia of the 2 upper limbs. Radiographs of his neck showed a vertical atlantoaxial subluxation (Figure 1). MRI fined a neurological suffering (Figure 2). Atlantoaxial subluxation is an uncommon and potentially fatal complication of spondyloarthritis. Vertical subluxation is a rare variant, measured using the Ranawat's method. It includes determination of the vertical distance between the center of the axis pedicle and the transverse axis of the atlas. If the distance is less than 14 mm in males and 13 mm in females, vertical subluxation is diagnosed. For some authors, to obtain the diagnosis of vertical subluxation, a combination of the Clark and Ranawat's method, the Redlund-Johnell methods has been recommended [1]. We retain the diagnosis of vertical subluxation complicating spondyloarthritis. There are 3 differential diagnoses, other subluxation, transdiscal fracture and basilar impression.

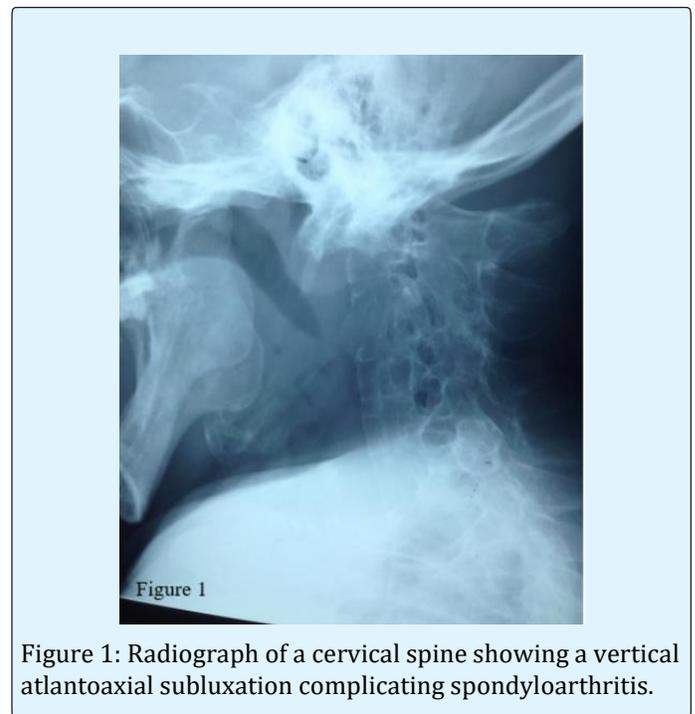




Fig 2

Figure 2: MRI: nonunion of the odontoid process, basilar impression, stenosis of the foramen magnum, medullary suffering and partial destruction of vertebral body of D3.

Reference

1. Grethe JA (2011) Imaging the spine in arthritis—a pictorial review. *Insights Imaging* 2(2): 177-191.

