

## **Patient involved in bicycle accident with discrete vertebral fracture**

Sara Bitnec<sup>a</sup>, Lenart Andrej Zore<sup>b</sup>, Marijana Pervan<sup>c</sup>

<sup>a</sup>*University Clinical Centre Ljubljana, Slovenia*

<sup>b</sup>*University of Zagreb, Croatia*

<sup>c</sup>*Department of Radiology, KBC Zagreb, Croatia*

**INTRODUCTION** 22 years old healthy male patient came to the Emergency due to falling off the bike and having intense pain in the lower spine. X- ray imaging showed no sign of injury but due to increasing pain magnetic resonance imaging (MRI) was done and revealed fracture of vertebrae.

**CASE DISCUSSION** A patient was cycling and heavily braced down the street, after that he fell off the bike and slid down the road for few meters. He described the accident precisely and had strong pain in the area of spinous processes of lower thoracic spine and on the right side of thoracic muscles, denied breathing problems. The skin was without signs of injuries. Neurological examination showed no problems. X-ray of thorax and spine were normal. Due to increasing pain of patient MR showed fracture of the 12th vertebrae. Due to unstable spine fracture and back pain the traumatologist made posterolateral spondylodesis. Under X-ray control they implanted screws through the th9, th10, th12 and L1 pedicles and fixated on the both side with the Legacy system.

**CONCLUSION** Despite the normal X-ray, MRI is the main diagnostic tool in the spine pathology and in the patient with persistent back pain. Clinical examination with detailed neurological status is the key in the treatment process. The best operating procedure for fractures as in our case is fixation of adjacent thoracic vertebrae. The patient recovered completely.