



Trauma: Conventional Radiological Study in Spine Injury (Radiology of the Spine)

J.-C. Dosch

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Progress in traumatology of the vertebral spine has been restrained for a long time by two hindering factors. The first obstacle is presented by the differences in approach and a conflict of competences. The neurosurgeons, considering only the spinal chord, have confined themselves to indications for laminectomy, an insufficient and usually ineffective intervention. The orthopedic surgeons, on the other hand, obsessed by the fear of medullary lesions, have long hesitated to apply the fundamental rules for the treatment of fractures, namely precise reduction followed by strict immobilization, thus depriving themselves of the efficacy of radiculomedullary decompression and of the protection this procedure affords to these structures when they are themselves involved in the trauma. Taking these facts into account, together with the rather poor results of laminectomy, the specialists have wisely and successfully recommended that one should abstain from treating the initial lesion, but rather attenuate the damage by appropriate nursing care and adequate reeducation. The second hindering factor was the insufficient knowledge of the extreme complexity of the anatomic lesions. This explains the orthopedists' relative caution; one only treats well what one knows well. More precise analysis of the lesions, not only of the bones but also of the joints, i. e., the osteofibrous involvement, is mainly based on strict radiologic semiology, which is rendered difficult because these structures are simultaneously affected. We are greatly indebted to Dr. DOSCH, radiologist at our Center, for having undertaken this difficult task, using all available conventional radiologic techniques.

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