

**PP145 A CASE REPORT OF
OSSIFICATION OF THE POSTERIOR
LONGITUDINAL LIGAMENT
PRESENTING WITH SPINAL SHOCK
AFTER A TRIVIAL FALL**

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Introduction

Ossification of the posterior longitudinal ligament (OPLL) is a condition of abnormal calcification of the posterior longitudinal ligament. The most common location is at the cervical spine region. Compression of spinal cord caused by OPLL may lead to neurologic symptoms and in the cases with severe neurologic deficit, requiring surgical treatments.

Case report

A 45-year-old man with no underlying illnesses was found unconscious after stumbling forward and landing flat in a prone position. Upon waking up, he complained of bilateral lower limbs weakness, numbness and bowel incontinence. On examination, his GCS was full and there were only abrasions over his face. There was cervical midline tenderness with loss of power from C8 and below. Sensation was reduced from C6 to T3 and completely lost T4 downwards. He was areflexic over all 4 limbs, with absence of bulbocavernosus reflex and a lax anal tone. His blood pressure was normal, but he was bradycardic. CT cervical showed severe degenerative changes of the spine associated with ossification of the posterior longitudinal ligament with spinal canal narrowing at C3-C5. No fractures were noted. MRI revealed cervical posterior longitudinal ligament ossification (C2-T1 level) causing multilevel spinal canal narrowing, worse at C3/4 and C4/5 level with cervical cord myelopathy. Patient underwent posterior spinal instrumentation and fusion of C3-T2. Post injury, he only regained full power over the C5,

C7 myotome of the left side while the rest remained 0.

Conclusion

Most OPLL cases remain undiagnosed as the initial symptoms such as dysesthesia and tingling sensation in the hands are overlooked. However, neurological deficit including quadriplegia may develop following low impact injuries as evidenced in this case.