ASCHAN, HELSINGFORS:

THE COURSE OF THE HEALING IN SPINAL FRACTURES

(Abstract is not submitted).

DISKUSSION:

R. Hanson, Varberg:

It would be of interest to learn the anamnesis of the case with unilateral bridge formation between two lumbar vertebrae, the skiagrams of which Dr. Aschan just showed. From may own experience I know that cases of spondylitis may afford exactly analogous pictures when the process has healed. In support of this allegation I can, if necessary, produce a large material collected by me. The lecturer's view that this bridge formation is specific in fractures is erroneous and cannot be allowed to pass without contradiction, as the diagnosis of old fracture or tuberculosis plays an important part from the point of view of insurance.

Aschan, Helsingfors:

The skiagram produced showing unilateral bridge formation between two lumbar vertebrae originates from a case with the following history:— A big and strong man falls from the second storey of a new house and sustains a bilateral fracture of the calcaneus. Afterwards he has pain in the back and X-ray examination shows a slight impressing of the upper surface of the 3rd lumbar vertebra. No signs of deforming arthritic alterations in the bodies of the vertebrae could be observed. On after-examination 5 months afterwards the above bony bridge was observed uniting the upper lateral edge of the injured

vertebra with the lower lateral edge of the vertebra above. 3 months later no other alterations had occurred.

R. Hanson, Varberg:

According to the anamnestic information now given it is clear that it was a case of compression fracture. As the lecturer now has admitted that it is probable that such bone bridges occur in several other conditions in the spine he cannot any longer regard them as specific in fractures.

For the person who for years has had the opportunity to follow the development of spinal tuberculosis this probability becomes a certainty that these bone bridges are of common occurrence in spondylitis tuberculosa.

Aschan, Helsingfors:

There cannot be any doubt that there was a compression fracture in this case and in several others observed by me. But it is quite probable that such bone bridges also occur in several other conditions of the spine. It is by no means out of the question that the bone bridges even in other conditions than compression fractures must be considered as reparation phenomena aiming at an increase of the lowered capacity for mechanical work of the spine.

In contradistinction to the deforming arthritis of the spine it must be emphasized that bone bridges in fractures always develop from the injured vertebra and do not develop from uninjured vertebra bodies.