

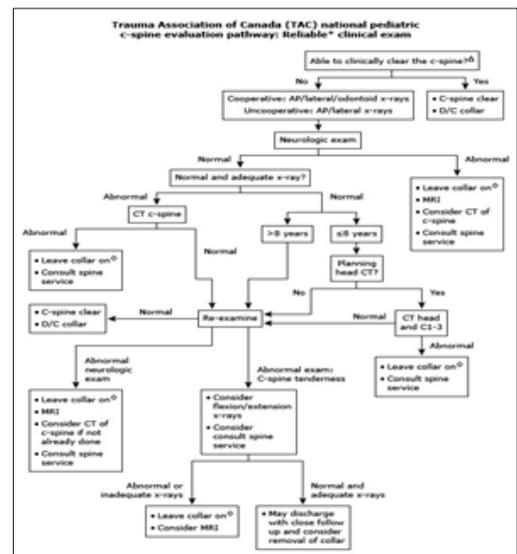
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Pediatric C-spine injuries: Current evidence

Ahmad M Althekair
Prince Sultan Military Medical City, KSA

Pediatric cervical spine injuries (CSIs) are rare and differ from adult CSIs. It has been a major dilemma in the Emergency Department due to the nature of the patient, age variation and lack of strong evidence. Many research networks in Europe, Australia and north America worked to establish guiding protocols that determine which patients require imaging (CT vs. X-ray) or clinical clearance. Emergency radiologic evaluation of the pediatric cervical spine can be challenging because of the confusing appearance of synchondroses, normal anatomic variants, and injuries that are unique to children. Cervical spine injuries in children are usually seen in the upper cervical region owing to the unique biomechanics and anatomy of the pediatric cervical spine. Familiarity with anatomic variants is also important for correct image interpretation. These variants include pseudosubluxation, absence of cervical lordosis, wedging of the C3 vertebra, widening of the predental space, prevertebral soft-tissue widening, intervertebral widening, and “pseudo-Jefferson fracture.” In addition, familiarity with mechanisms of injury and appropriate imaging modalities will aid in the correct interpretation of radiologic images of the pediatric cervical spine.



Recent publications

1. Use and education of point-of-care ultrasonography (POCUS) in pediatric emergency medicine in Saudi Arabia

Biography

Ahmad completed his Boards in Pediatric in Saudi Arabia then joined Hospital for Sick Children (SickKids) in Toronto, Canada where he achieved Pediatric Emergency Medicine fellowship, Pediatric Trauma Fellowship and an advanced training in Pediatric Point of Care Ultrasound (POCUS). Currently, he is a Consultant Pediatric Emergency and Trauma in Riyadh. He is the Director of Pediatric POCUS training in Kingdom of Saudi Arabia. He is an international speaker in the field of Pediatric Emergency and Trauma with a major research interest in the field of Pediatric POCUS.

Ahmadalthekair@gmail.com