

None

**Clinical Summary:**

Mr Nijhar presented to hospital on 17/04 with neck pain after having a fall earlier in the day. Whilst walking upstairs carrying a heavy bag, he fell backwards, knocking his head and neck on the ground.

CT scan showed fractures on his neck (C4, C5, C6).

This is being managed conservatively, with an Aspen collar fitted to stabilise his spine.

**Plan and Requested Actions:**

- Managed non-surgically with collar for 8 weeks.

- He will be followed up in Mr Brown's clinic in 8 weeks.

- Mr Nijhar also had new cough productive of green phlegm, new oxygen requirement (1L) and rising inflammatory markers (CRP 35) associated with widening of the C6/7 disc space. This may be an unstable injury. Spinal opinion is warranted. has been started on a 5-day course of co-amoxiclav. On day of discharge, he was well on room air, and his cough had resolved. CXR 18/4: clear

**Investigations and results:**

CT head and neck 17/4:

There are acute fractures of the spinous processes of C4 and C5. In addition, acute fracture through the anteroinferior corner of C6 also involving anterior osteophytes and associated with widening of the C6/7 disc space. This may be an unstable injury. Spinal opinion is warranted.

- He has been started on alendronate for bone protection. Please ensure you see a dentist regularly, practice good oral hygiene and flag up if any jaw pain occurs. Please take alendronate in the morning on an empty stomach, at least 30 mins before any food, upright with a glass of water. If any thigh/groin pain or dyspepsia, please see your GP.

MRI 19/4:

Injury involving the anterior, inferior endplate of C6 with interspinous ligament sprain at C4-5 and c5-6. No high grade ALL or PLL injury and no cord injury

**AKI Warning Stage**

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**Past Medical History:**

18/08/2020 - Hypertension (Confirmed)

05/01/2019 - Frailty (finding) (Confirmed)

Patient Name: NIJHAR, MR RAJINDER  
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NHS No: 494 890 0249

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