From Neck Massage To Quadriplegia

Sebastian GG, Nurhamidi M, Ramalingam S
Orthopaedic Department, Hospital Queen Elizabeth, 88586 Kota Kinabalu, Sabah

INTRODUCTION:
Diffuse idiopathic Skeletal Hyperostosis (DISH) has varying prevalence in population according to location. Prevalence of 27.3% in men and 12.8% in women, with increasing incidence with age have been quoted. We report a case of DISH with Quadriplegia following a neck Massage.

CASE REPORT:
59 year old man, presented with sudden onset quadripareisis following a neck massage at a massage centre. He has history of neck pain over 9 years with numbness and clumsiness of his hands. He experienced a clunk over his neck during massage and felt limb weakness immediately. His GCS 15/15, MRC power grading of 0 on all four limbs, sensation to light touch and pin prick reduced from C3 level downwards. His anal tone was lax and absent Bulbocavernous reflex. Imaging modalities revealed Ossification of posterior longitudinal ligament (Figure 1), severe spinal canal stenosis with cord edema (Figure 2). He underwent C2-C5 laminectomy.

DISCUSSIONS:
Case reports on Quadriplegia in patients with DISH following trivial trauma, ranges from as simple as a back stretch to minor falls. Based on our literature review, this is an early reported case with massage induced quadriplegia in this region. About 1 in 8 people in the world will have neck pain at least once a week. Many of these neck pain is treated first traditionally at home and with massages locally before patients seek professional help. The awareness of DISH as a cause of neck pain is still poor in this region. With the numerous local Massage centres, options for complimentary treatment is at patient’s ease of access. Questionable medical knowledge and training level of therapist compounded by patient’s medical condition may result in a catastrophic outcome.

CONCLUSION:
Reduced awareness of spine disease such as DISH in this region, puts the patient at a potential risk of self-harm with lifelong debilitating impairment. We suggest that patients with chronic neck pain should receive professional medical consultation before embarking on options of complementary medicine, with at least a cervical x-ray and doctor’s opinion once before they opt for or continue with therapies such as massages.

REFERENCES: