

Figure 1. X-ray (left) showing a vertebral wedge fracture; MRI (middle, right) showing an old vertebral fracture with effusion without spinal cord compression.

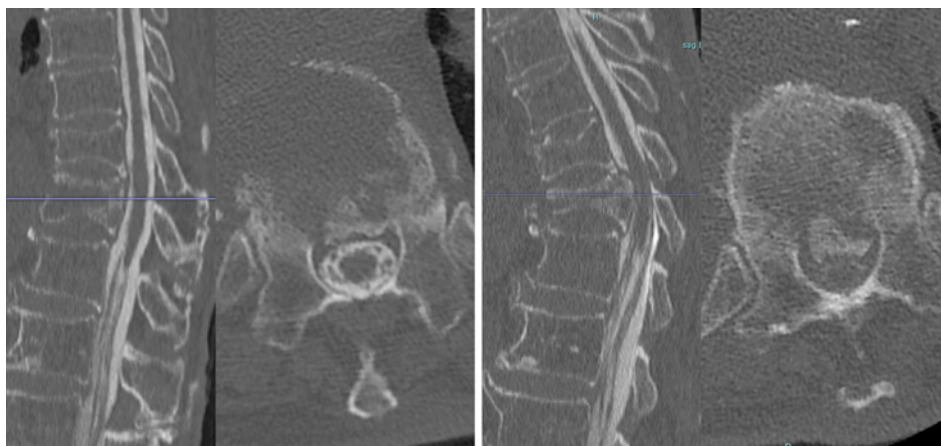


Figure 2. CT (left) in the supine position showing no compression of the spinal cord; however, flexion dynamic CT (right) reveals protrusion of occult bony fragment and spinal cord compression.

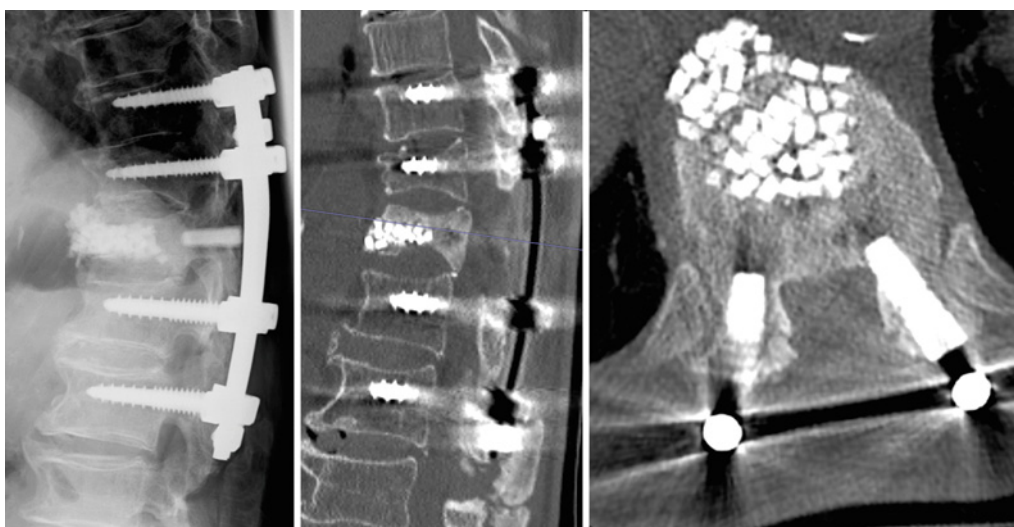


Figure 3. Postoperative X-ray and CT revealed rigid fixation and complete fusion of the bony fragment within the vertebra one year later.

Risk factors of an occult bony fragment might be large cavity, filled fluid, and partial fracture of posterior vertebral wall. Fluid without gas suggesting a complete closed space, and fluid pressure efficiently affects the movement of bony fragment. Clinicians should be aware of the possibility of bony protrusions with dynamic spinal motion. An understanding of the pathogenesis enables an early diagnosis and the prevention of deterioration, which along with appropriate treatment prevents the deterioration of ADL.

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Informed Consent: Written informed consent from the patient was obtained prior to submission.

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