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PEDIATRIC C-SPINE INJURIES: CURRENT EVIDENCE

Ahmad M Althekair

Prince Sultan Military Medical City, Saudi Arabia

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. Crisis radiologic assessment of the pediatric cervical spine can be testing a direct result of the confounding appearance of synchondroses, typical anatomic variations, and wounds that are one of a kind to youngsters. Cervical spine wounds in youngsters are typically found in the upper cervical locale inferable from the one of a kind biomechanics and life structures of the pediatric cervical spine. Nature with anatomic variations is additionally essential for redress picture understanding. These variations incorporate pseudosubluxation, nonattendance of cervical lordosis, wedging of the C3 vertebra, augmenting of the predental space, prevertebral delicate tissue enlarging, intervertebral broadening, and "pseudo- Jefferson break." also, recognition with systems of damage and fitting imaging modalities will help in the right understanding of radiologic pictures of the pediatric cervical spine.

Biography

Ahmad completed his Boards in Pediatric in Saudi Arabia then went and 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