Back “pane” secondary to glass coffee table mishap: case illustration

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A 47-YEAR-OLD male patient presented with a severe laceration of the right thoracolumbar junction after he fell backward onto a tempered glass coffee table. He had no neurologic symptoms or signs. A CT scan showed a wedge-shaped piece of glass that measured almost 7 cm penetrating the spinal canal at the T11–12 level, causing a rightward deviation of the spinal cord (Fig. 1).

The patient was taken to the operating room urgently for a T11–12 laminectomy under microscopic visualization performed with motor-evoked potential monitoring. The glass fragment was removed gently along its original trajectory path. A durotomy due to the fragment was found to the left of midline just alongside the pedicle and was repaired with duraplasty.

This case demonstrates a very rare injury pattern, as the vast majority of intradural penetrating injuries result in complete or incomplete spinal cord injury due to a narrow subarachnoid space at the thoracic level.^{1,4} This patient remained neurologically intact postoperatively.

To our knowledge, this is the first case reported in the literature that describes a patient with an intradural thoracic glass injury without significant neurological deficits. The outcome in this case supports the already-existing evidence for successful management of a penetrating spine injury using microscopic techniques, intraoperative neurophysiologic monitoring, and dural repair.^{2,3}

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Disclosures

The authors report no conflict of interest concerning the materials or methods used in this study or the findings specified in this paper.

Author Contributions

Conception and design: Mercure-Cyr. Acquisition of data: Mercure-Cyr. Drafting the article: Mercure-Cyr. Critically revising the article: Fourney. Reviewed submitted version of manuscript: Fourney. Approved the final version of the manuscript on behalf of both authors: Fourney. Administrative/technical/material support: Mercure-Cyr.

Supplemental Information

Previous Presentations

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FIG. 1. Sagittal (**upper**) and axial (**lower**) CT scans showing penetrating glass through the spinal canal at the T11–12 level.