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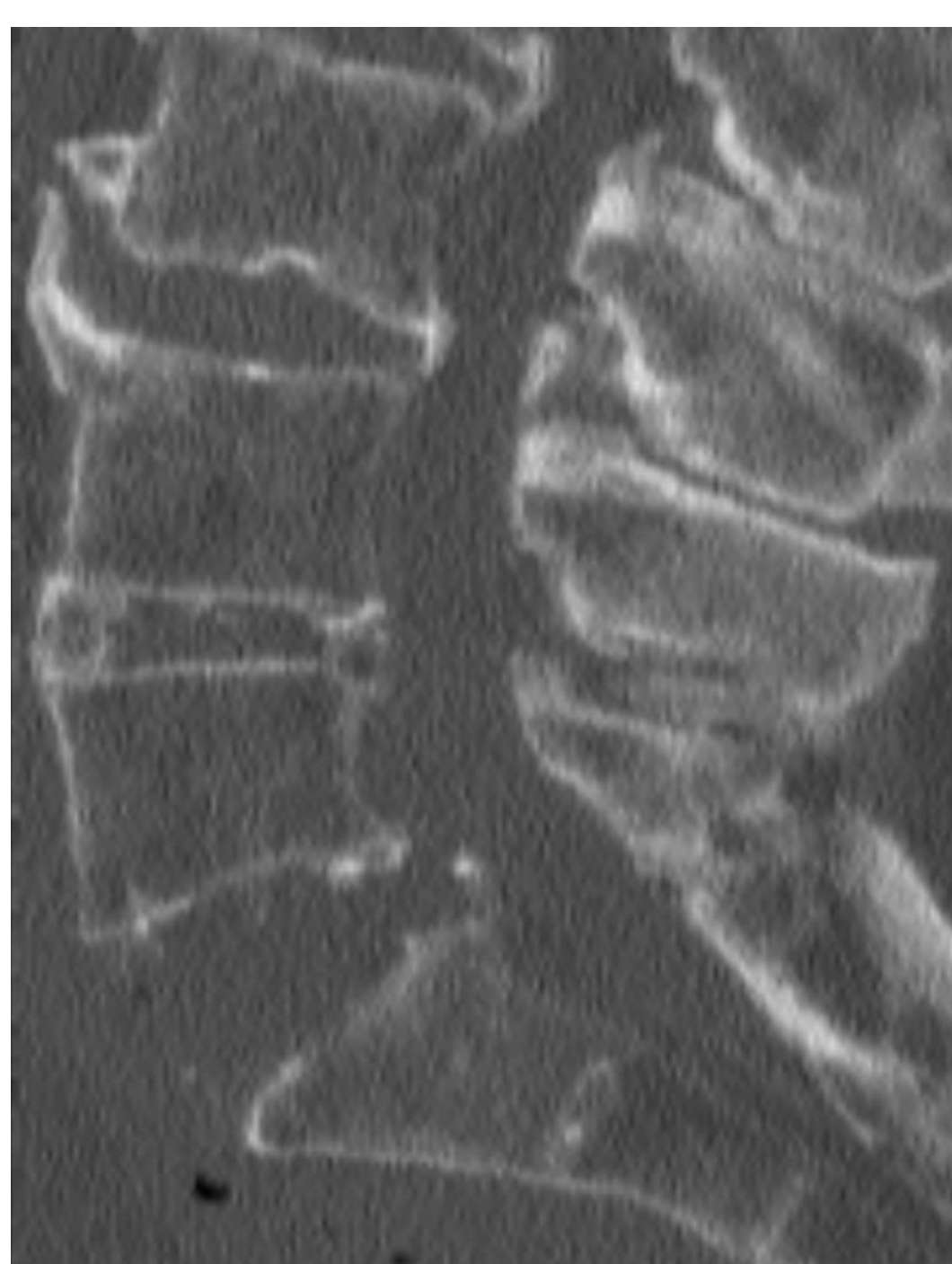
## Background

Anterior lumbosacral hyperextension injuries (AO spine type B3) involving ALL and open disc rupture are rare yet carry important risks of intestinal damage when unrecognised. While often associated with retroperitoneal haematoma, direct intestinal damage is infrequent unless accompanied by significant displacement, typically putting sigmoid or rectum at risk.

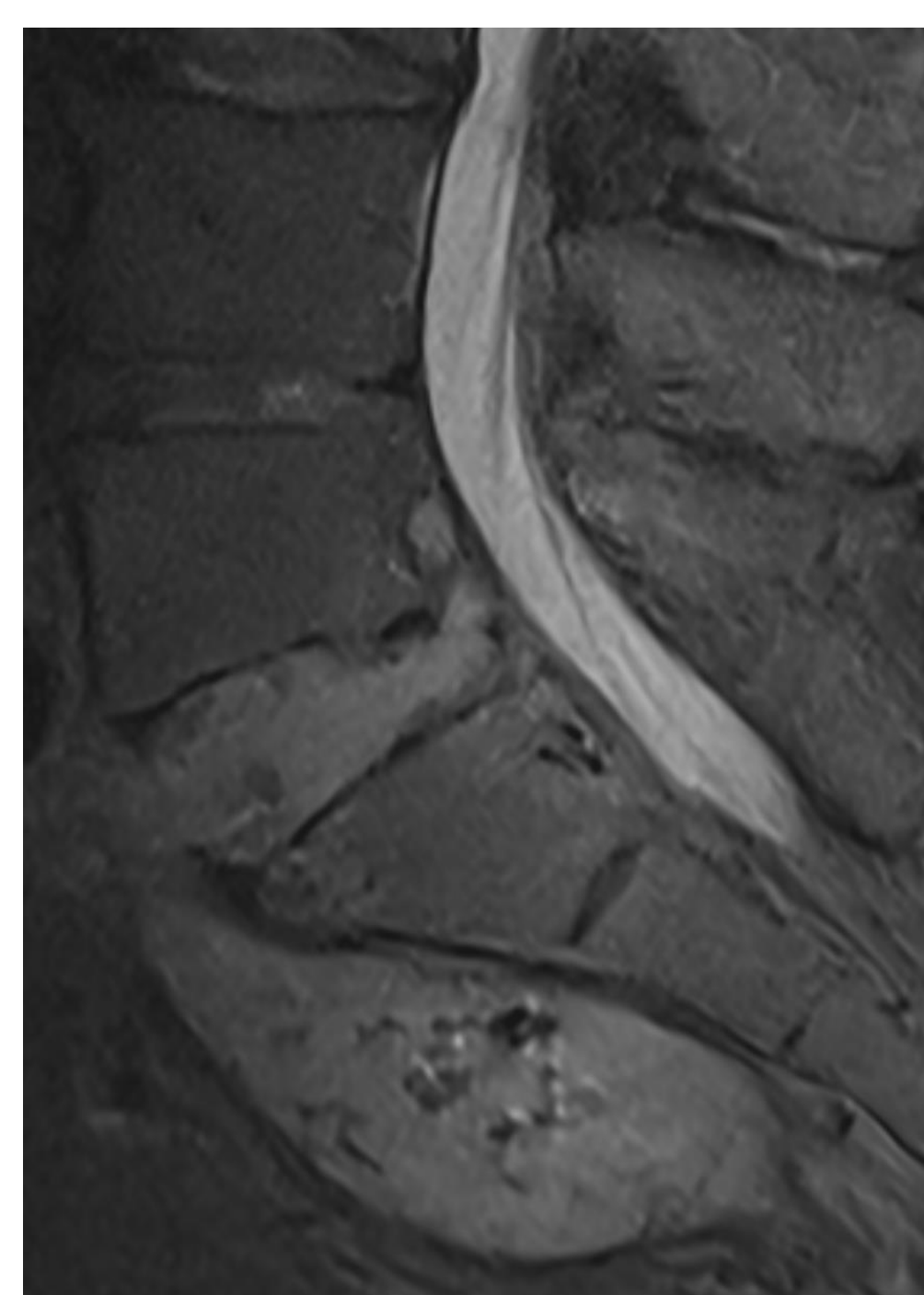
## Case

64-year-old male sustained an L5-S1 B3 injury sporting a Pac-Man-like appearance following a bicycle accident abroad. Although the wide-open disc space and ALL disruption were noted, the risk of visceral involvement remained unrecognised for 12 days pending repatriation.

Upon arrival at our centre, the patient rapidly declined with sepsis. Urgent contrast-enhanced imaging suggested a presacral abscess, for which laparoscopic exploration was performed. Faecal matter was discovered in stead, originating from ileal incarceration within the disrupted disc and laceration against sharp fracture edges. Emergency laparotomy was performed for ileocecal resection, collection drainage, and terminal ileostomy.



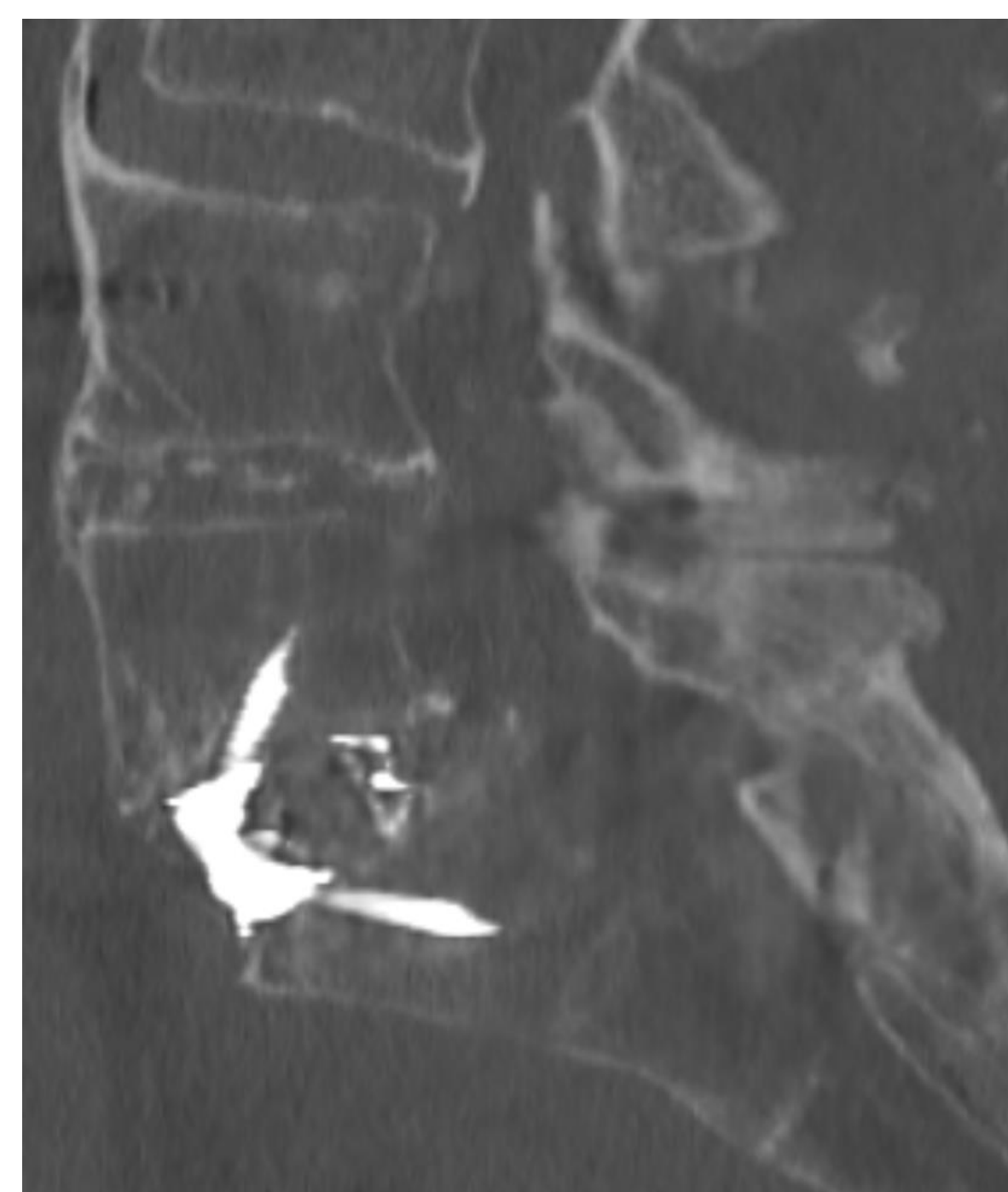
Lumbar CT at arrival



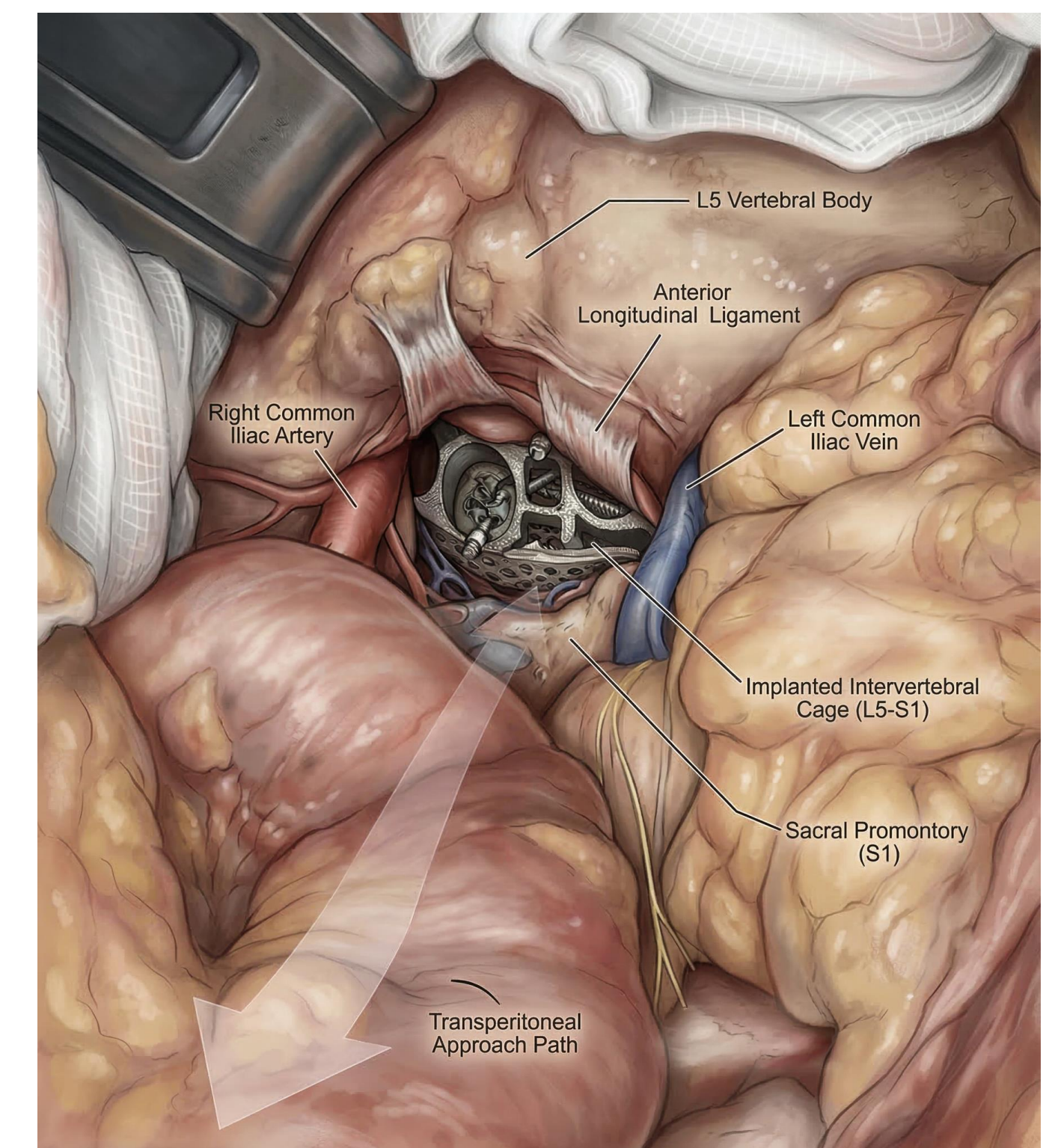
MR showing presacral collection

## Surgery & postoperative care

Following two weeks of infection control, the patient underwent staged reconstruction. Firstly, a transperitoneal anterior interbody fusion was performed during which small intestinal loops were again found herniated into the disc but remained viable. A BMP-filled titanium cage was introduced and covered with gentamicin-infused collagen.

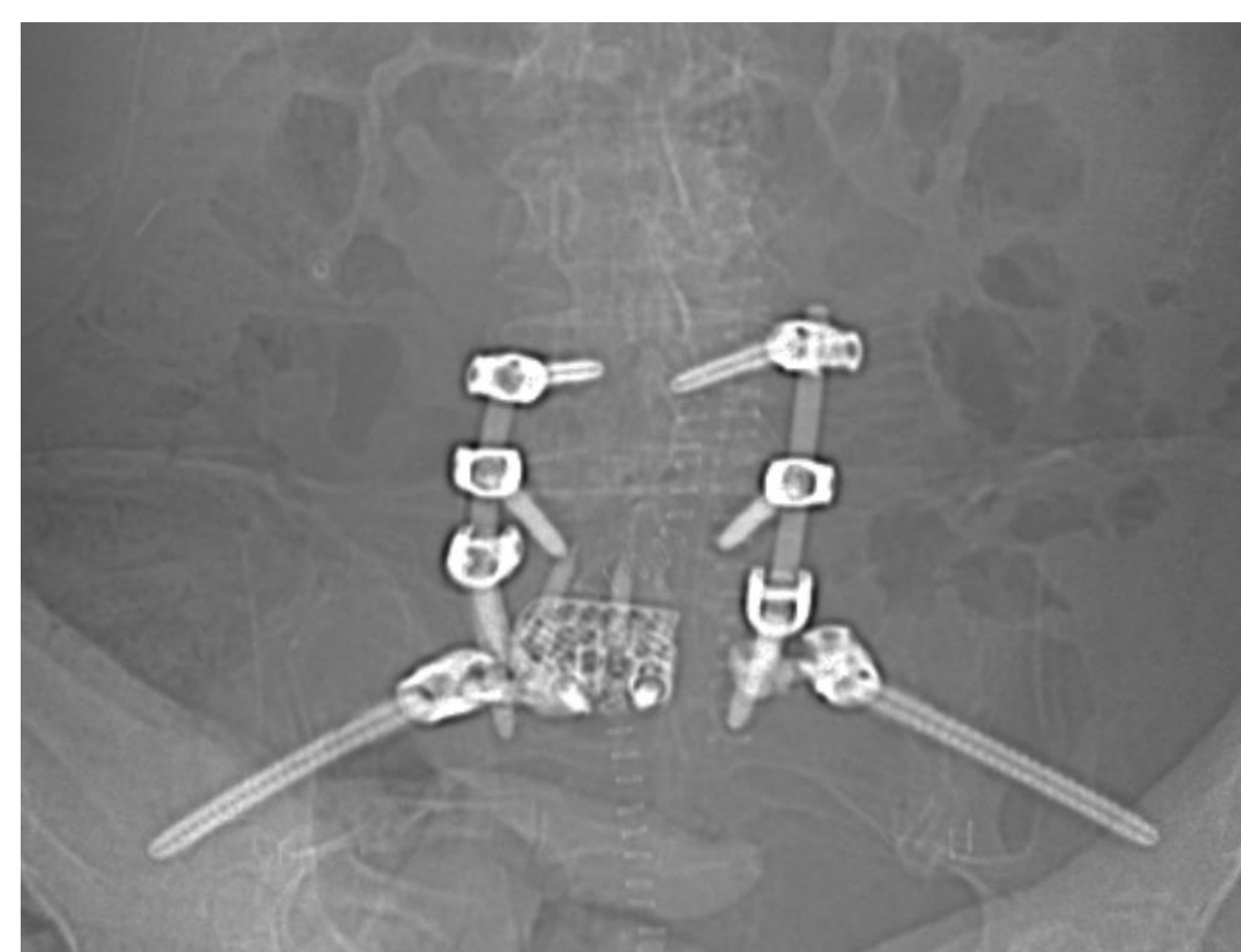


Postoperative CT following ALIF



Artist rendition of intraoperative view during ALIF

Subsequently, posterior stabilisation was performed. The patient regained full mobility without additional intestinal complications.



Postoperative X-rays following posterior stabilisation

## Conclusion

- Lumbosacral hyperextension injuries with Pac-Man-like anterior distraction merit a high suspicion index regarding visceral involvement.
- Early abdominal imaging and multidisciplinary management are essential, with low-threshold abdominal exploration in case of doubt.
- To prevent secondary intestinal incarceration, anterior spinal reconstruction should be prioritized once contamination is controlled.