

Traumatismo de la arteria vertebral

El traumatismo de la **arteria vertebral** es una entidad relativamente infrecuente si se compara con el trauma vascular que afecta a los otros vasos del cuello. Esto, debido a su localización profunda en el cuello y al mismo tiempo que está protegida por estructuras musculares y óseas en gran parte de su trayecto, y por otro lado, muchas de estas lesiones pueden pasar desapercibidas en su fase aguda.

Si analizamos los tipos de lesión que presenta la arteria vertebral tales como la oclusión, sección parcial, sección total, estenosis, fístula AV traumática y aneurisma, sólo la sección total es capaz de dar una hemorragia profusa que precise un tratamiento quirúrgico de urgencia.

El resto suele pasar desapercibido y sólo se diagnostica mediante un estudio angiográfico.

Son susceptibles de embolizar, ya que, a diferencia del territorio carotídeo, las secuelas neurológicas de tipo isquémico son escasas pues este territorio tiene una rica red colateral.

Desde el punto de vista quirúrgico de la urgencia el tratamiento universalmente aceptado es la ligadura de la arteria vertebral, especialmente si se trata de una lesión de la porción intraósea.

No es efectivo si la lesión es muy distal, ya que el cabo distal continuará sangrando.

El segundo, la compresión con gasas y hemostáticos locales no es efectiva, especialmente si se trata de una lesión intraósea.

Se describe un tercer recurso que es el uso de cera para hueso con lo que se logra un control parcial de la lesión y dar tiempo a embolizar uno de los cabos vía endovascular.

Y un cuarto recurso es lisa y llanamente abordar la lesión en forma directa, que en el caso de la porción ósea requiere efectuar una ventana extrayendo pequeños fragmentos de hueso y ligar ambos cabos sangrantes.

Respecto a las complicaciones o secuelas de esta lesión son frecuentes, especialmente de tipo neurológico en lo referente a compromiso de raíces cervicales y a la cadena del simpático cervical, estructuras muy próximas a este vaso, complicaciones

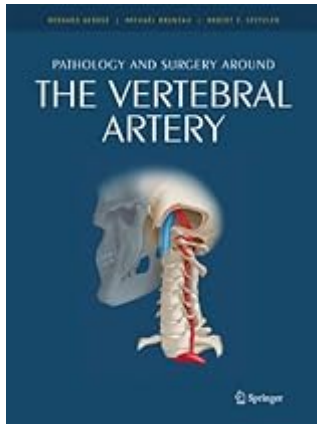
Respecto a la mortalidad, se da en los pacientes que llegan en paro cardiorrespiratorio secundario a la hemorragia o en pacientes con lesiones asociadas del tipo trauma cráneo encefálico o lesiones medulares altas.

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