

Toddler overcomes odds to survive internal decapitation

The GLP aggregated and excerpted this blog/article to reflect the diversity of news, opinion and analysis.

When Rylea Taylor pulled her son Jaxon from the wreckage of their family car she knew instantly that his neck was broken—an injury that usually leaves victims paralyzed or dead. The force of the 70-mile-per-hour head-on collision had fractured Jaxon's top two vertebrae and torn apart the ligaments that stabilize them. His top vertebra and skull were completely detached from the rest of his spinal column. The spinal cord itself was bent at a 45-degree angle and dangerously vulnerable to further movements that could sever critical nerves.

Yet just three weeks later, the 16-month-old was [stepping along with the wobbly gait common to toddlers](#), relying on nothing more for support than a chubby hand grasping his mother's finger.

How did Jaxon make such a dramatic recovery? He was fortunate to survive and to come under the care of Geoffrey Askin, senior spinal surgeon at the Lady Cilento Children's Hospital in Brisbane and the man known as Australia's godfather of spinal surgery. The soft-spoken surgeon and a team of more than 20 doctors, nurses and support specialists planned a six-hour operation to put Jaxon's skull back onto his spine.

The prognosis for what is medically termed a C1–C2 dislocation is dire: A [2010 study of upper-neck dislocations](#) found that 68 percent of victims die before the dislocation could even be diagnosed, often at the scene of the accident; another 22 percent die at the hospital. Even if patients are resuscitated and brought to the hospital in time, they may remain so severely paralyzed that they are permanently unable to breathe on their own.

Read full, original post: [How Surgeons Reattached a Toddler's Head](#)