

MANAGEMENT OF SPONDYLOLISTHESIS

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ELLIOT is a 14-year old white male boy who lives in England. He had been complaining of severe pain lower back with pain radiating down to both lower limbs for last 10 months. He and his mother attributed this to an injury he had while ice skating 10 months ago. Pain had been increasing with time and presently he could not even stand straight and walk only a few yards because of severe pain. He stood with a stoop with his hips and knees bent. He also had tingling going down his legs.

Because of a long waiting list for his surgery to be done in England, the Knott family contacted our hospital and he was flown from England to get his surgery done.

On arrival, he was investigated. Clinical and radiological examination showed that he had Grade-III Spondylolisthesis L5 on S1 (Figs. 1, 2 & 3).

The management was discussed in detail with Elliot



Fig. 1. Showing spondylolisthesis L5-S1



Fig. 2



Fig. 3

Figs.2 & 3. Clinical pictures showing deformity in lower back.

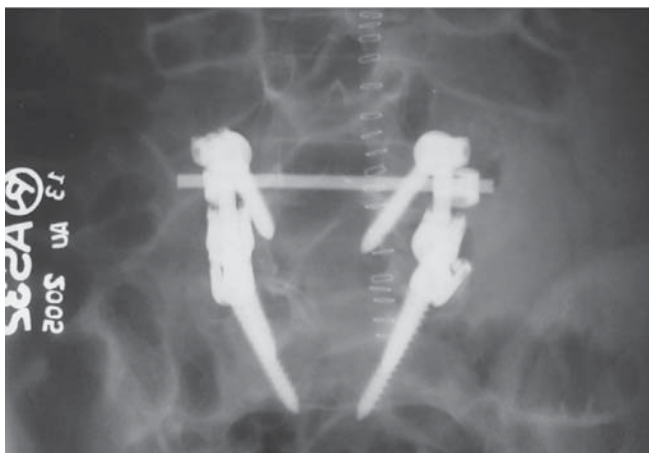


Fig. 4

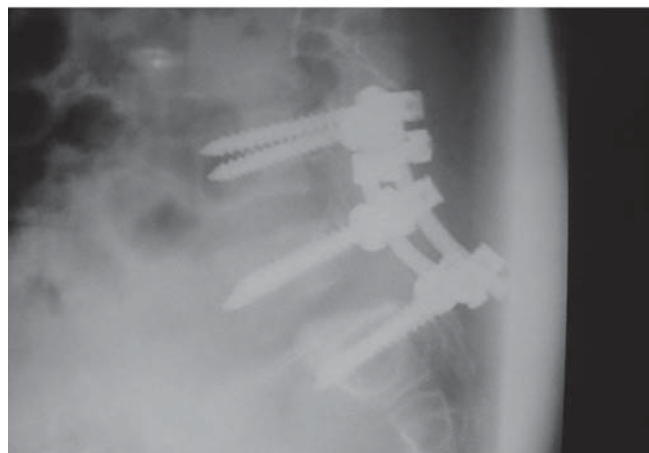


Fig. 5

Figs. 4 & 5. Post-operative pictures showing reduction and stabilization of spondylolisthesis.



Fig. 6



Fig. 7

Figs. 6 & 7. Post-operative clinical pictures.

and his mother, Karen. It was decided to go ahead and do reduction of the spondylolisthesis with specialized pedicle reduction screws and stabilization of listhesis with pedicle screw system. Pedicle screws were passed in L4, L5 & S1 vertebrae, 2 on each level. The size of these pedicle screws varied from 40 to 45 mm in length and 6.5 mm in diameter. This surgery was done under image intensifier control and also under spinal cord monitoring so that we could prevent

any inadvertent nerve damage.

Elliot did very well following surgery. He was able to stand straight and had no back pain or leg pain. His X-ray films showed excellent positioning of screws and rods and good alignment of the spine had been achieved (Figs. 4-7). Elliot was discharged on 24th August 2005 to return to England.