SPONDYLOPTOSIS OF L5/S1 IN A 12 YEAR-OLD CHILD : A CASE REPORT

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Introduction: Spondyloptosis is an extremely rare condition and more so ever publications related to spondylolisthesis in pediatric population are sparse. Despite the availability of classification describing the cause of the condition, in some cases one may find that there is a combination of causative factors resulting in the patient's presentation. The management of spondyloptosis still remains a controversial challenge.

Discussion: We report a 12 year-old boy presented with low back pain and right lower limb radiculopathy for six months. Symptoms started after he had a fall during a high jump activity. On examination, patient was seen with an obvious crouching posture on standing. Sagittal plane deformity including lumbosacral kyphosis and lumbar hyper-lordosis with flexion at hips and knees were seen. X-ray showed retroverted sacrum and a spondyloptosis L5 on S1. CT-scan revealed anterior aspect rounding of proximal endplate of sacrum, L5 vertebrae body destruction, L5 pars defect and dysplastic L5-S1 facets. MRI suggestive of spinal canal stenosis with L5 nerve root impingement. Symptoms were not improved despite on multiple drug modalities thus parents and patient opted for surgery. Partial reduction, posterior approach instrumentation L3 to Ilium and decompressive laminectomy L4 to S1 were performed aiming at restitution of the sagittal alignment and subsequently facilitating bony fusion. Two months post-operative review, patient claimed that the low back pain, radiculopathy and numbness resolved gradually then completely.

Conclusion: Spondyloptosis may be a rare spinal condition but should be kept in mind in the differential diagnosis when handling a paediatric low back pain cases. As some parents may typically disregard the complaint of back pain by their children, one may miss a serious spinal condition of spondylolisthesis or spondyloptosis. Surgical management to be considered in order to halt the nature of the disease from progressing, to correct the kyphotic deformity and to address the neurological deficit.