

Sport Injury Spondylolisthesis : A Case Report

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INTRODUCTION:

Traumatic lumbar spondylolisthesis is rare disease and in the literature. It mostly caused by the high energy trauma. Therefore, establish diagnosis and treatment is needed to prevent complication in future.

REPORT:

21 years old male, no comorbidity presented with lower back pain for 6-month duration. Associated with right buttock pain and radicular pain to right leg. Claim worsening of pain after prolong walking, standing and sitting. Pain relieved by lying down. Prior to it, he had history of heavy lifting barbell squat. Otherwise no other neurological symptom or red flag symptoms. He still able to ambulate without aid.

Physical examination reveals no spine tenderness or deformity, no paravertebral muscle spasm. Neurological finding lower limb shows normal tone, intact power and sensation from L2-S1, normal reflexes. No other upper or lower motor neuron lesion sign. Anal tone present normal with intact superficial and deep sensation

Laboratory finding shows total white cell of 4.2, C-reactive protein of 0.3 and erythrocyte sedimentation rate of 8. Tumor marker was also negative.

Plain radiograph showed anterior translation of L5 vertebrae 25%-50% with lower border end plate erosion. Also noted on lateral flexion and extension show instability of translation L5/S1 vertebrae. Proceed to MRI lumbar and noted L5/S1 listhesis, broad base disc bulge, possible bilateral spondylolysis, right foraminal L5 nerve root impingement with left foraminal moderate stenosis.

He was offered for open transforaminal lumbar interbody fusion (TLIF) of L5/S1 and date tentatively given for operation.

While awaiting day of operation, he was given physiotherapy session for back muscle strengthening and pain management.

CONCLUSION:

Traumatic spondylolisthesis was a rare condition. Conservative treatment usually has poor prognosis as the treatment can no stabilized the spine. Thus, open reduction with instrumentation was suggested for better outcome.

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