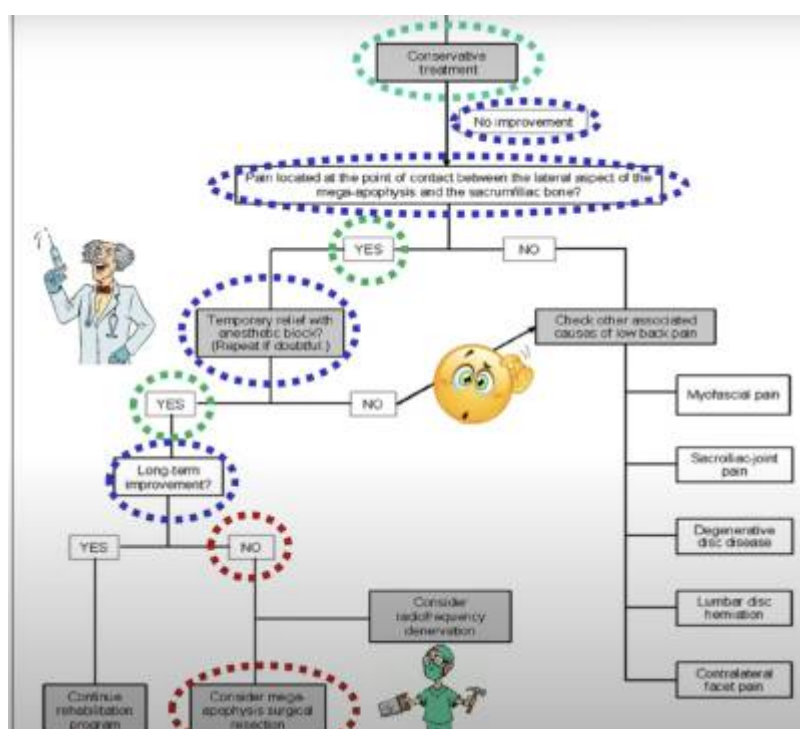


Bertolotti syndrome treatment

- How I do it: minimally invasive surgical decompression for lumbosacral extraforaminal stenosis (Far-Out Syndrome)
- Complete, Sustained Resolution of Pain With Pseudoarthrectomy for Bertolotti Syndrome: A Case Report
- Bertolotti syndrome: an often overlooked cause of specific back pain
- A case report of ineffective electroconvulsive therapy for chronic pain
- A Case Study of Bertolotti's Syndrome in an Adolescent Patient
- Channels out of Order: A Review of Central and Peripheral Nervous System Channelopathies
- An update on the prevalence and management of Bertolotti's syndrome
- Oral pharmacological management of Bertolotti syndrome presenting as chronic low back pain - A case report and review of literature



Conservative Treatment of Bertolotti Syndrome

Conservative treatment is the first-line approach in managing Bertolotti syndrome, aiming to relieve pain and improve function before considering surgical options.

□ Overview

Goals of Conservative Treatment

- Pain relief
- Inflammation control

Goals of Conservative Treatment

- Improved mobility and quality of life
- Delay or avoidance of surgery

♂ 1. Physical Therapy

- Core strengthening to stabilize the lumbar spine
- Stretching exercises (hamstrings, hip flexors, paraspinal muscles)
- Postural training
- Manual therapy (mobilization/manipulation)

2. Pharmacological Management

- NSAIDs (e.g., ibuprofen, naproxen) for inflammation and pain control
- Muscle relaxants if there is associated spasm
- Neuropathic agents (e.g., gabapentin) if radicular pain is present

3. Injections

- Corticosteroid + local anesthetic injections into:
 - The pseudoarticulation (if present)
 - Sacroiliac joints
 - Facet joints
- Useful both for **therapeutic** and **diagnostic** purposes

⚠ 4. Activity Modification

- Avoidance of aggravating activities (e.g., heavy lifting, prolonged sitting)
- Ergonomic adaptations at work and home

5. Imaging-Guided Management

- CT- or fluoroscopy-guided injections for more accurate targeting
- Consider MRI or CT if symptoms persist to rule out associated pathology

6. Multidisciplinary Pain Management

- Referral to a pain or spine specialist if symptoms persist
- Psychological support (e.g., cognitive behavioral therapy) for chronic pain management

Bertolotti syndrome surgical treatment

□ When to Consider Surgery

- Failure of 3–6 months of well-applied conservative treatment
 - Significant functional impairment or persistent radicular symptoms
 - Imaging reveals a clear pain generator (e.g., inflammatory pseudoarthrosis)
-
-

Some studies advocate surgical resection in selected refractory to more conservative approaches ¹⁾

□ Surgical Treatment of Bertolotti Syndrome

Goal: To relieve pain by eliminating the pseudoarticulation and addressing associated lumbar disc disease.

□ 1. Partial Excision of the Pseudoarthrosis

- **Disconnecting** the enlarged **lumbar transverse process (TP) pseudojoint** from the **sacrum**
- □ **Transverse processectomy:**
 - ■ **MIS-paramedian tubular-microsurgical** partial resection of the anomalous enlarged TP

□ 2. When associated with Lumbar Disc Disease

A. Disc Herniation

- □ **Lumbar microdiscectomy** combined with **transverse processectomy**

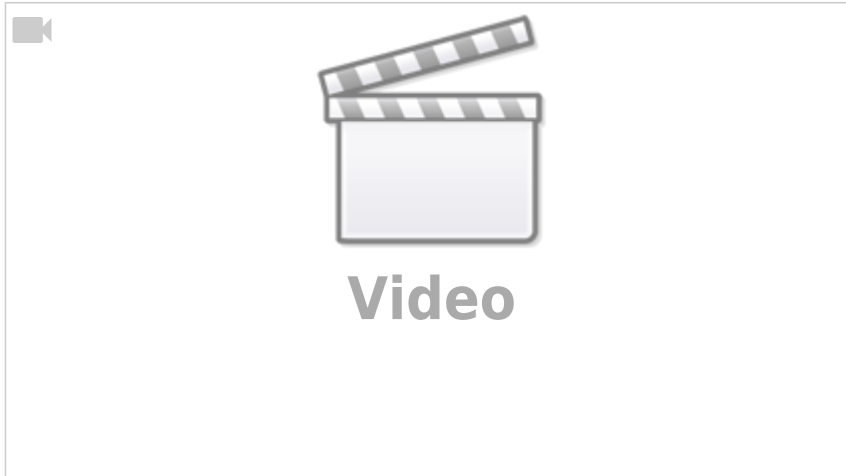
B. Disc Degeneration

- □ **Posterolateral fusion** (e.g., **MIS-TLIF or similar**) + **transverse processectomy**

Pseudoarthrectomy

Complete, Sustained Resolution of Pain With Pseudoarthrectomy for Bertolotti Syndrome: A Case Report ²⁾.

Videos



1)

Jancuska JM, Spivak JM, Bendo JA. A Review of Symptomatic Lumbosacral Transitional Vertebrae: Bertolotti's Syndrome. *Int J Spine Surg*. 2015 Jul 29;9:42. doi: 10.14444/2042. PMID: 26484005; PMCID: PMC4603258.

2)

Husu EN, Parekh N, Simon JI. Complete, Sustained Resolution of Pain With Pseudoarthrectomy for Bertolotti Syndrome: A Case Report. *Pain Med Case Rep*. 2025 Apr;9(2):103-107. PMID: 40331807.

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