Degenerative Lumbar Spondylolisthesis Treatment

Lumbar Degenerative Spondylolisthesis treatment has long been a topic of debate, as multiple modalities are currently utilized. For example, in an analysis, 95,647 Medicare patients with a diagnosis of lumbar DS, 40% were treated with corticosteroid injections, 37% were treated with physical therapy, and only 22% were treated surgically ¹⁾.

Oster et al. performed a comprehensive search of PubMed, MEDLINE, and EMBASE for all English language studies of all levels of evidence pertaining to Spine Patient Outcomes Research Trial (SPORT), in accordance with Preferred Reporting Items for Systematic Reviews and MetaAnalyses guidelines (PRISMA). Although intention-to-treat analysis failed to show significant differences in patients treated surgically, results of the as-treated analysis determined statically greater improvements in those patients with spondylolisthesis who were treated surgically as compared to those treated nonoperatively.².

Compared with normative controls, patients with IS suffer selective atrophy of their multifidus (MF) muscle, whereas their erector spinae (ES) muscle undergoes a compensatory hypertrophy. Advancing age has a detrimental effect on the areas of the lumbar paraspinal muscles (PSMs), whereas female sex predisposes to a decreased psoas muscle area. Multifidus muscle atrophy correlates with PSC, indicating the role of this deep stabilizer in the biomechanical stability of spondylolisthetic spines. This may be of clinical significance in targeted physiotherapy programs during the conservative management of isthmic spondylolisthesis (IS) ³.

Degenerative Lumbar Spondylolisthesis Surgery

see Degenerative Lumbar Spondylolisthesis Surgery

1)

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