

Grade 1 lumbar spondylolisthesis

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- [Effect of Surgical Approach on Patient-reported Outcomes of Lumbar Fusion for Degenerative Spondylolisthesis: Should Grade Influence Approach?](#)
- [Correlation between Calcification of Facet Joint Capsule and Dynamic Instability in Lumbar Degenerative Spondylolisthesis](#)
- [Comparative study of direct pars repair versus transforaminal lumbar interbody fusion for low grade isthmic spondylolisthesis: a retrospective analysis](#)

Clinical features

see [Lumbar degenerative spondylolisthesis clinical features](#)

Treatment

[Grade 1 lumbar spondylolisthesis treatment.](#)

Outcome

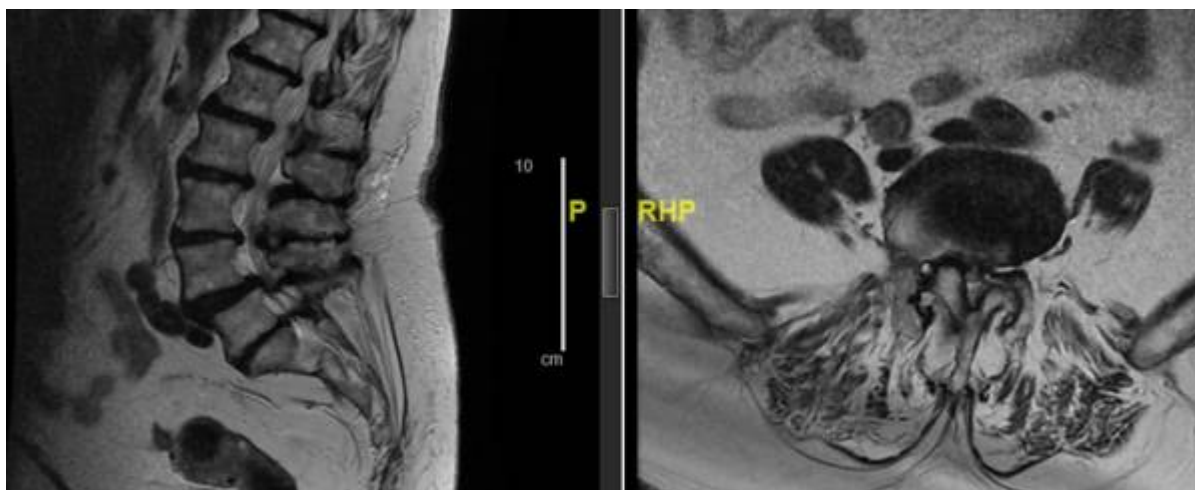
[Grade 1 lumbar spondylolisthesis outcome.](#)

Grade 1 lumbar spondylolisthesis General University Hospital of Alicante Cases



L4-L5 [Grade 1 lumbar spondylolisthesis](#) with secondary disc pseudoprotrusion. Signs of [spondyloarthrosis](#) and diffuse lumbar [discarthrosis](#). Marked signs of severe [Lumbar spinal stenosis](#) at the L4-L5 level due to facet convergence, [hypertrophy](#) of the [ligamentum flavum](#), and disc pseudoprotrusion. Signs of critical stenosis of the foramina of junction can also be seen. Mild broad-based posteromedial protrusion of the L5-S1 disc. Signs of Baastrup disease at the L4-L5 level with pseudo articulation between the [spinous processes](#). The [conus medullaris](#) shows normal morphology and [signal intensity](#). There are no masses or pathological collections at the epidural or subdural level. As a casual finding, an increase in the size of the prostate with multiple nodular images in the transitional zone in relation to an adenoma can be seen, be correlated with the history.

[Lumbar undercutting laminectomy](#)



Grade 1 [lumbar spondylolisthesis](#) L4 over L5 [anterolisthesis](#) with bilateral L5 [spondylolysis](#). At the L4-L5 level, signs of marked multifactorial vertebral [lumbar spinal stenosis](#) are observed due to posteromedial [protrusion](#) of the [intervertebral disc](#), [facet hypertrophy](#), and [yellow ligaments](#). Posteromedial [protrusions](#) at practically all levels studied (from T10-D11 to L4-5) with signs of mild [lumbar spinal stenosis](#) at L2-L3 and [lumbar foraminal stenosis](#) at left D11-D12, D12-L1, L1-L2, L2-L3, L3-L4 bilateral. The L1/L2 disc also presents a posteromedial extrusion component migrated caudally.

Minimal [crush fracture](#) of the [L5 vertebral body](#) of subacute-chronic chronology and benign etiology with minimal loss of vertebral body height with minimal [bone marrow edema](#) at the present time. Left convexity [lumbar scoliosis](#) and lumbar [hyperlordosis](#). Signs of [disc degeneration](#) and dehydration of thoracolumbar discs.

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