

Lumbar isthmic spondylolisthesis treatment

Some special management considerations for [lumbar isthmic spondylolisthesis](#) as a subset of spinal stenosis.

1. lesions with sclerotic borders are usually well-established with little chance of healing.
2. Surgery is reserved for patients with neurologic deficit or incapacitating symptoms or progression of spondylolisthesis
3. lesions without sclerosis that show increased uptake on bone scan (indicating active lesion with potential for healing) or MRI high signal changes on T2WI/27 or STIR may heal in a rigid orthosis such as the Boston brace for ≥ 3 months
4. management of symptoms:
 - a) LBP only: treat with NSAIDs, PT
 - b) LBP with myelopathy, radiculopathy, or neurogenic claudication: surgical treatment
5. in pediatrics: may be managed with TLSO and long course of PT (e.g. 6–9 months) for symptoms. Resumption of sports may be considered when symptoms subside, but recurrence should prompt elimination of athletics or consideration of surgery.

Indications for surgery

Surgical intervention is undertaken when symptoms become severe in spite of conservative management. The goals of surgery are pain relief, halting progression of symptoms, and possibly reversal of some existing neurologic deficit. Most authors do not consider surgery unless the symptoms have been present > 3 months, and most patients who have surgery for this have symptoms of > 1 year duration.

Surgery

[Lumbar isthmic spondylolisthesis surgery](#).

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