

Lumbosacral Spondyloptosis

Lumbosacral [spondyloptosis](#), by definition, is more than 100% anterior displacement of the [L5 vertebra](#) with regard to the [sacrum](#). It is also known as grade 5 [spondylolisthesis](#) ^{1) 2) 3)}.

Case reports

A 4-year-old girl was admitted to the emergency department after having been buried beneath a wall. A [computed tomography](#) scan revealed anterior grade V L5-S1 [spondylolisthesis](#), and [magnetic resonance imaging](#) showed a traumatic rupture of the fibrous [annulus](#) of the L5-S1 [intervertebral disc](#) and lesion of the anterior longitudinal and [yellow ligaments](#). The patient underwent anterior and posterior [fixation](#). Four months later she was able to walk independently, despite a persistent left [foot drop](#). Additionally, Yamaki et al., from the University of [Sao Paulo, Brazil](#), conducted a [literature review](#) on lumbosacral spondyloptosis in the pediatric population published between 1990 and 2017. They found 16 cases, 86.6% of which were male, with a mean patient age of 16 ± 5.05 years. Most patients underwent spine [instrumentation](#). Based on the data reviewed, the neurological status at admission might be a valid predictor of outcome. [Pedicule screws](#) are a safe and reliable procedure for stable fixation of the spine in these cases. The removal of [screws](#) is discouraged ⁴⁾.

A 28-year-old man presented with severe [low back pain](#), [numbness](#) at the soles of feet, and [bowel](#) and [bladder dysfunction](#). Two days before admission, a tree trunk fell on his back while he was seated. A two-stage posterior-anterior procedure was performed. At the first stage, posterior [decompression](#), [reduction](#), and [fusion](#) with [instrumentation](#) were performed. At the second stage, which was performed 6 days after the first stage, the patient underwent [anterior lumbar interbody fusion](#). The patient received physical therapy 1 week after the second stage. Results The patient's numbness improved immediately after the first posterior surgery. His fecal and [urinary incontinence](#) improved 6 months after discharge. He has been pain-free for a year and has returned to work.

A [PubMed](#) search was performed using the following keywords: lumbosacral spondyloptosis, lumbosacral dislocation, and L5-S1 traumatic dislocation. The search returned only nine reported cases of traumatic [spondyloptosis](#). [Traumatic spondyloptosis](#) at the lumbosacral junction is a rare ailment that should be suspected in cases of high, direct, and posterior impact on the low lumbar area, and surgical treatment should be the standard choice of care ⁵⁾.

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Chandrashekhara S H, Kumar A, Gamanagatti S. et al. Unusual traumatic spondyloptosis causing complete transection of spinal cord. Int Orthop. 2011;35(11):1671-1675

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