

# Sacral spondyloptosis

Grade V [spondylolisthesis](#), or [spondyloptosis](#), is a complication of [high-energy trauma](#) that is most commonly reported at the [lumbosacral junction](#). Sacral intersegmental spondyloptosis is extremely rare. Tracz et al. presented a case of spondyloptosis of [S1](#) on [S2](#) with a comminuted fracture of [S2](#) and complex fractures of the [L4](#) and [L5 transverse processes](#), resulting in severe stenosis of the lumbosacral [nerve roots](#).

The patient was a 70-year-old woman with a history of a fall 3 weeks prior and progressive L5 and S1 radiculopathy. Instrumentation and fusion were undertaken, extending from L3 to the pelvis because degenerative stenosis at L3-4 and L4-5 was also found. Reduction was achieved, leading to diminished pain and partial resolution of weakness.

Traumatic sacral spondyloptosis adds a degree of difficulty to reduction, fixation, and fusion. The technique presented herein achieved sagittal realignment via a distraction maneuver of S1-2 in which rods were attached to bilateral dual [S2 alar-iliac screws](#) with reduction screws placed at S1, ultimately pulling L5 and S1 up to the rod for fixation <sup>1)</sup>.

<sup>1)</sup>

Tracz JA, Judy BF, Sacino AN, Bydon A, Witham TF. Management of traumatic sacral spondyloptosis: illustrative case. J Neurosurg Case Lessons. 2022 Jul 18;4(3):CASE22221. doi: 10.3171/CASE22221. PMID: 36046707; PMCID: PMC9301347.

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