Austin Publishing Group

Open Access Full Text Article

Clinical Image

Four Levels of Lumbar Spondylolysis

Baogan Peng* and Duanming Li

Department of Spinal Surgery, General Hospital of Armed Police Force, China

***Corresponding author:** Baogan Peng, Department of Spinal Surgery, Institute of Spinal Surgery, General Hospital of Armed Police Force, 69 Yongding Road, Beijing 100039, China

Received: May 20, 2014; Accepted: June 24, 2014; Published: June 26, 2014

A 19-year-old man was admitted to our hospital because of severe back pain irresponsible to conservative therapies for 2 years. Radiographs and two dimensional CT scan showed lumbar spondylolysis at L2-L5 four levels bilaterally (Figure 1). T2-weighted MRI showed normal signal in all lumbar discs. Because daily activities were severely limited, surgery was recommended for the case. The patient underwent bilateral isthmic repair at L2-L5 four levels. Bilateral L2-L5 isthmi were identified and the lysis area was curetted, freshened and then grafted with autologous iliac bone that was compressed with a pedicular screw connected to a sublaminar hook by a short rod. The symptoms of back pain were completely disappearing after the surgery. He has been followed-up for 2 years, and his symptoms have nerve recurred. Fusion was found in all isthmi 14 months after surgery according to evaluation of lumbar radiographs and CT scan (Figure 2).



Figure 2:



Figure 1: