

Spondylolisthesis

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Spondylolysis defines a defect in the pars interarticularis of the vertebra. There are six types including congenital and traumatic. Spondylolisthesis occurs when the upper vertebra slips forward on the lower; it is graded according to the percentage slip, measured by relating the slipped vertebra to the one below (Table 44.13). Mild slips are often asymptomatic and require no treatment. Treatment (physiotherapy, bracing and surgery) depends on the degree of slip and symptoms; mechanical back pain may respond to conservative methods, but neurological involvement usually requires surgical intervention. In torticollis the head is tilted towards and rotated away from the tight sternocleidomastoid muscle. Congenital torticollis is usually secondary to intrauterine moulding but may present with a fixed sternocleidomastoid contracture or a palpable 'tumour' within the muscle. Most cases resolve with stretching but persistent cases develop facial asymmetry requiring release of the origin and/or insertion of the sternocleidomastoid muscle. Acquired torticollis is rare and may be caused by inflammation/infection, ocular problems, atlantoaxial rotatory subluxation or a posterior fossa tumour.

TABLE 44.13 Classification of spondylolisthesis according to severity of the slip. Grade
Percentage slip 0 No slip 1 <25 2 26–50 3 51–75 4

“ 75 Spondyloptosis 100 – complete translation

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