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# A Rare Case of Spondyloptosis in a 15 year Old Male: a Clinical Image

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*Interesting Images*

# A Rare Case of Spondyloptosis in a 15 year Old Male: a Clinical Image

Swadha P. Udhoji <sup>1,\*</sup> and Raghuveer Raghumahanti <sup>2</sup>

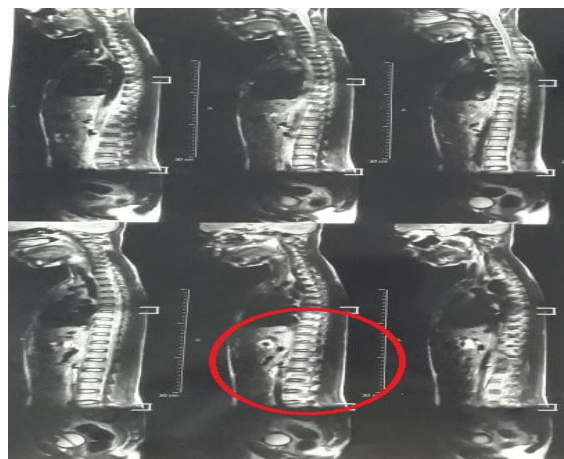
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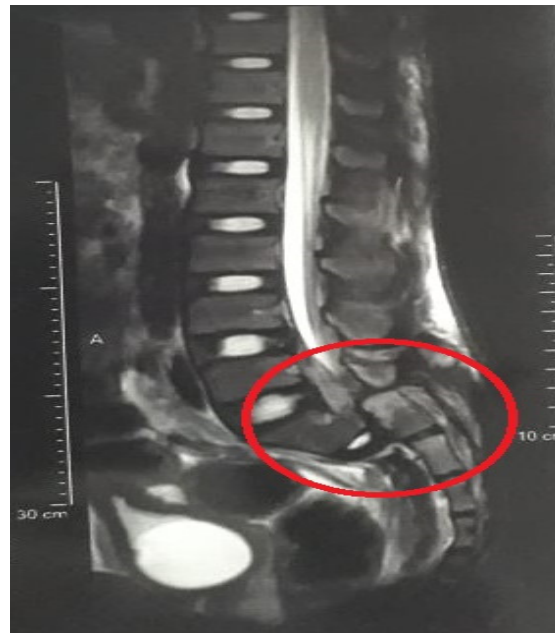
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**Abstract:** Spondyloptosis is a condition where there is complete dislocation of L5 over sacrum. It is a form of spinal dislocation in which one spinal segment is lodged in the anterior or posterior space of another or advanced spondylolisthesis [1]. Treatment is usually spinal fusion depending on the level of lesion [2]. This clinical case is of a 15 year old male with a history of fall from auto-rickshaw followed by a blunt trauma from a heavy iron rod falling over his abdomen. There was no history of loss of consciousness, but the patient had an excruciating pain over back immediately after the incident. Patient is now paraplegic with loss of sensation below L5 along with loss bladder and bowel control since the time of injury. The T1 weighted MRI of spine revealed grade 5 anterior lythesis of L5-S1 level with complete spinal cord transaction. The patient was operated to restore the vertebral alignment with pedicle screws and rods. After 3 months, patient is now treated for neuro-musculoskeletal, genitourinary and genitointestinal function with biofeedback, pelvic floor exercises and timed voiding [3]. When a patient has issues with urine retention, Valsalva manoeuvres, Crede's method, suprapubic tapping, and anal stretching are employed to help them void more effortlessly [4].

**Keywords:** spondyloptosis; neurogenic bladder and bowel; physiotherapy; SCI; bladder training



A



B



C

**Figure 1.** weighted MRI of the Spine showing flattening of the dorso-lumbar spine. **B** T1 weighted MRI spine showing the Spondyloptosis of L5- S1 vertebra with cauda equine compression. According to Meyerding classification it comes under grade 5 i.e. >100% forward slip [5]. Cauda equine syndrome is a condition in which the lower segment of the spinal cord is compressed causing bladder and bowel dysfunction also sexual dysfunction. This patient experiences incontinence of bladder and bowel, also patient feels the filling of the bladder and bowel but there is loss of urge to void the urine and stool [6,7]. **C-** Showing the post-operative X-ray of Spinal fusion with rods and pedicle screws A-P view Surgical treatment is the only for traumatic spondyloptosis is reasonable. Surgery aims to reduce, decompress, stabilize, and fuse the spondyloptotic segment [8]. In this patient a posterior approach with decompression is used to re-align the vertebral segments and to maintain the integrity of the spinal cord. There is fixation of L5- S1 with pedicle screws and rods.

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