

Surgical Treatment For Symptomatic Bertolotti's Syndrome - A Case Report

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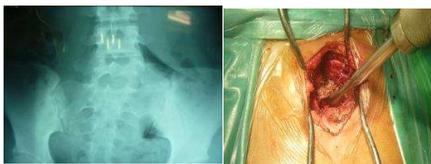
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INTRODUCTION

Bertolotti's syndrome (BS) is a common congenital anomaly that is present when a large L5 transverse process articulates with the sacrum, pelvis, or both, producing sacralization of L5 and is a commonly missed cause of back pain. It can be treated with non surgical intervention. Surgical intervention is the last option.

CASE REPORT

A 19yo female with not known medical illness presented to clinic with complaining of low back pain for few years. The pain throbbing in nature and was gradually increase in intensity. Pain associated with right lower limb numbness but no radiculopathy. She still able to ambulate without aid and no incontinence. CT scan and MRI was arranged for her and the findings there were evidence of unilateral sacralization L5 on right side with no evidence of spinal canal stenosis or nerve root impingement. The symptoms was not resolved with steroid injection over right L5/S1. She underwent partial excision of right transverse process of L5.



Radiograph of enlarge

transverse process L5

Partial excision right transverse process L5

DISCUSSION

Low back pain is a prevalent problem with multiple causes. A diagnosis of BS should be cautiously consider with

appropriately history, imaging and diagnostic injection. Physical examination is often non-specific. the contact between bones at the pseudoarticulation has been speculated as a source of pain which can be manifested as sacroiliac, hip, groin or even imitating an L5 radicular pain (pseudo-radiculopathy). Plain radiograph demonstrate effectiveness to detect BS. There is specific findings on MRI and CT scan that suggest for BS.

Treatment starts conservatively. The diagnostic injection not only contains an anesthetic agent but in addition, a steroid. The steroid has the capability of reducing inflammation and possibly yielding long-term relief. If no relief is noted, the next step is an ablation or rhizotomy of the small nerves that surround this joint. If that is ineffective, the last step is surgery. The transverse-alar joint can be fused or removed. Removal is slightly simpler surgery but has less of a success rate. Fusion results in no real loss of any range of motion and has a higher success rate but takes longer to recover than the joint removal.

CONCLUSION

Lower back pain can be caused by any reasons. The surgeon must identify the source of the pain. The correct investigation and treatment can help to treat BS.

REFERENCES

1. Jeffrey M. Jancuska, Jeffrey M. Spivak and John A Bendo. A Review Of Symptomatic LumboSacral Transitional Vertebrae, Bertolotti's Syndrome