

Management Of Spondylolisthesis

Thesis

Submitted for partial fulfillment
of the requirement for M.D. degree
in Neurosurgery

BY

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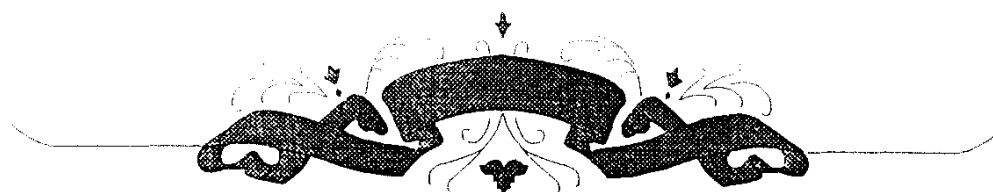
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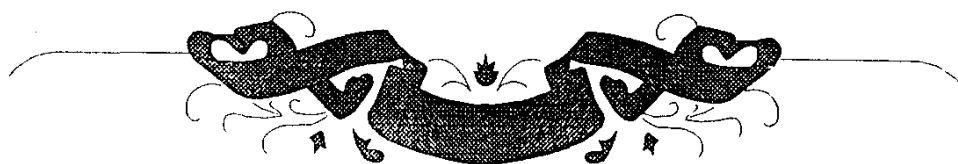
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CONTENTS

CHAPTER:	PAGE
(1) INTRODUCTION AND AIM OF THE WORK--	1-2
(2) REVIEW OF LITERATURE -----	
– EMBRYOLOGY OF THE SPINE -----	3
– ANATOMY OF THE LUMBAR SPINE -----	10
– SPINAL BIOMECHANICS -----	38
– PATHOLOGY OF SPONDYLOLISTHESIS--- AND SPONDYLOLYSIS-----	57
– CLINICAL PRESENTATION -----	74
– INVESTIGATIONS -----	80
– TREATMENT -----	91
(3) PATIENTS AND METHODS -----	130
(4) RESULTS -----	138
(5) DISSCUSSION -----	207
(6) SUMMARY -----	226
(7) CONCLUSION -----	228
(8) REFERENCES -----	229
(9) ARABIC SUMMARY-----	1



Introduction



INTRODUCTION

Spondylolisthesis is defined as a slipping of one vertebra on another. From the Greek root “spondylo” meaning vertebra and “olisthesis”, meaning to slip (Wiltse L.L., and Winter R.B., 1983). Spondylolysis refers to a defect in the pars interarticularis without slipping. Although the defect appears first in childhood, the majority of cases is found between 30-40 years; the active period of life (Fredrickson B.E., et al, 1984). The incidence is 4.4% at age of six compared with about 6% in adulthood. According to Newman P.H., 1976, types of spondylolisthesis are:

1. Dysplastic 21%
2. Isthmic 51%
3. Degenerative 25%
4. Rare types include:
 - Traumatic
 - Pathological (Wiltse L.L., et al, 1976).
 - Postoperative (Lee C.K., 1983).

Management of spondylolisthesis still represents a matter of controversy between conservative and surgical and between the different surgical techniques.

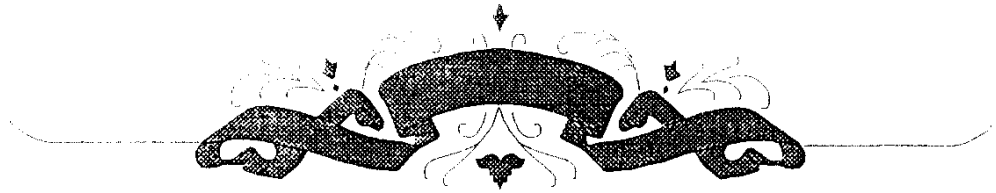
Surgical treatment is indicated when:

- * Pain is persistent and unresponsive to conservative measures.
- * Increasing slip.
- * Persistent nerve root compression.
- * Spinal deformity. Syndrome of spinal stenosis.

Many and different surgical techniques has been advocated. (Rosenberg N.J., 1987).

So, the problem of spondylolisthesis must be evaluated and treated individually according to the cause of symptoms and signs; hence the aim of this work.

1



Aim of The Work



