SPONDYLOLISTHESIS OF THE CERVICAL SPINE
REPORT OF A CASE

S. Sheikholeslamzadeh, B. Aalami-Harandi and H. Fateh, Tehran, Iran

From the Department of Orthopaedic Surgery, Shafa Rehabilitation Hospital, Tehran

Spondylothesis of the fourth cervical vertebra is reported in a thirty-four-year-old woman. Only one other case at this level has been found in the literature, but others have been recorded of the sixth cervical vertebra.

Spondylothesis of the cervical spine from a defect of the pars interarticularis is a relatively rare anomaly. It was first described by Perlman and Hawes in 1951. Subsequently nine other cases have been reported, by Kau (1954), Durbin (1956), Lissner (1956), Schläuter (1956), Csákány and Almos (1959), Niemeyer and Penning (1963) and Wiedhopf (1965). A case of bilateral spondylolysis without forward slipping was described by Solarino in 1961. Unilateral spondylolysis of the sixth cervical vertebra was reported in 1969 by Op den Orth, Penning and Kluft. All of the reported cases were in men, mostly middle-aged. Spondylothesis of the sixth cervical vertebra was reported by Kau (1954) in a boy aged nine who had a wry-neck deformity which was treated by release of the insertion of the sternocleidomastoid muscle.

The patients in two of the reported cases were symptomless, and the anomaly was discovered on radio-

graphs taken for unrelated complaints. The remaining patients complained of neck pain, with or without pain in the arm. One patient had dysphagia.

The sixth cervical vertebra was involved in all cases except one in which the fourth cervical vertebra was affected. There was a history of previous injury in three, and in most of the reported cases spina bifida was present. The anomaly was a bilateral defect in the pars interarticularis, with anterior slipping of the involved vertebral body. The slip did not exceed three millimetres. Only one case had an operation at which local fusion was done.

This article records spondylothesis of the fourth cervical vertebra in a woman.

CASE REPORT

A woman aged thirty-four was referred in 1975 complaining of pain in the neck which had been present for a year and a half. The pain was mild, not radicular in

Dr S. Sheikholeslamzadeh, Orthopaedic Surgeon
Dr B. Aalami-Harandi, Orthopaedic Surgeon
Dr H. Fateh, Radiologist

Shafa Rehabilitation Hospital, Jaleh Avenue, Tehran, Iran.
nature, and did not require analgesia. There was no history of injury nor was the family history remarkable.

Examination showed that movement of the neck was slightly painful, but not limited. The pain was aggravated in hyperflexion and hyperextension. The neurological examination and the rest of the physical examination were normal.

The lateral radiograph showed that the body of the fourth cervical vertebra was displaced four millimetres anteriorly and the oblique radiographs of the cervical spine showed bony defects in the pars interarticularis of the fourth cervical vertebra (Figs. 1 to 3). Radiographs of the thoraco-lumbar spine were normal. Because the pain was mild the patient was treated conservatively.

REFERENCES