

## Non-traumatic L4-L5 spondyloptosis

A 28-year-old female patient suffering from low back pain and bilateral leg numbness was referred to an orthopedic clinic for correction of scoliosis. She had congenital skeletal deformities and also scoliosis with no history of trauma. Plain radiographs demonstrated L4 vertebral body located on anterosuperior aspect of L5 vertebral body (Fig. 1, arrow). Computed tomography confined L4–L5 spondyloptosis (Fig. 2). Magnetic resonance imaging revealed spinal stenosis, cord compression, and bilateral neural canal stenosis at this level (Fig. 3). L4–L5 laminectomy and posterior instrumentation were the treatments of choice because the patient presented with severe back pain and neurologic complications.



Fig. 1. Lateral radiograph.



Fig. 2. Sagittal computed tomography scan.

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Fig. 3. T1- and T2-weighted sagittal image and T2-weighted axial image.