

49-year-old female presents with lower back pain. Clinical suspicion for sacroiliitis.

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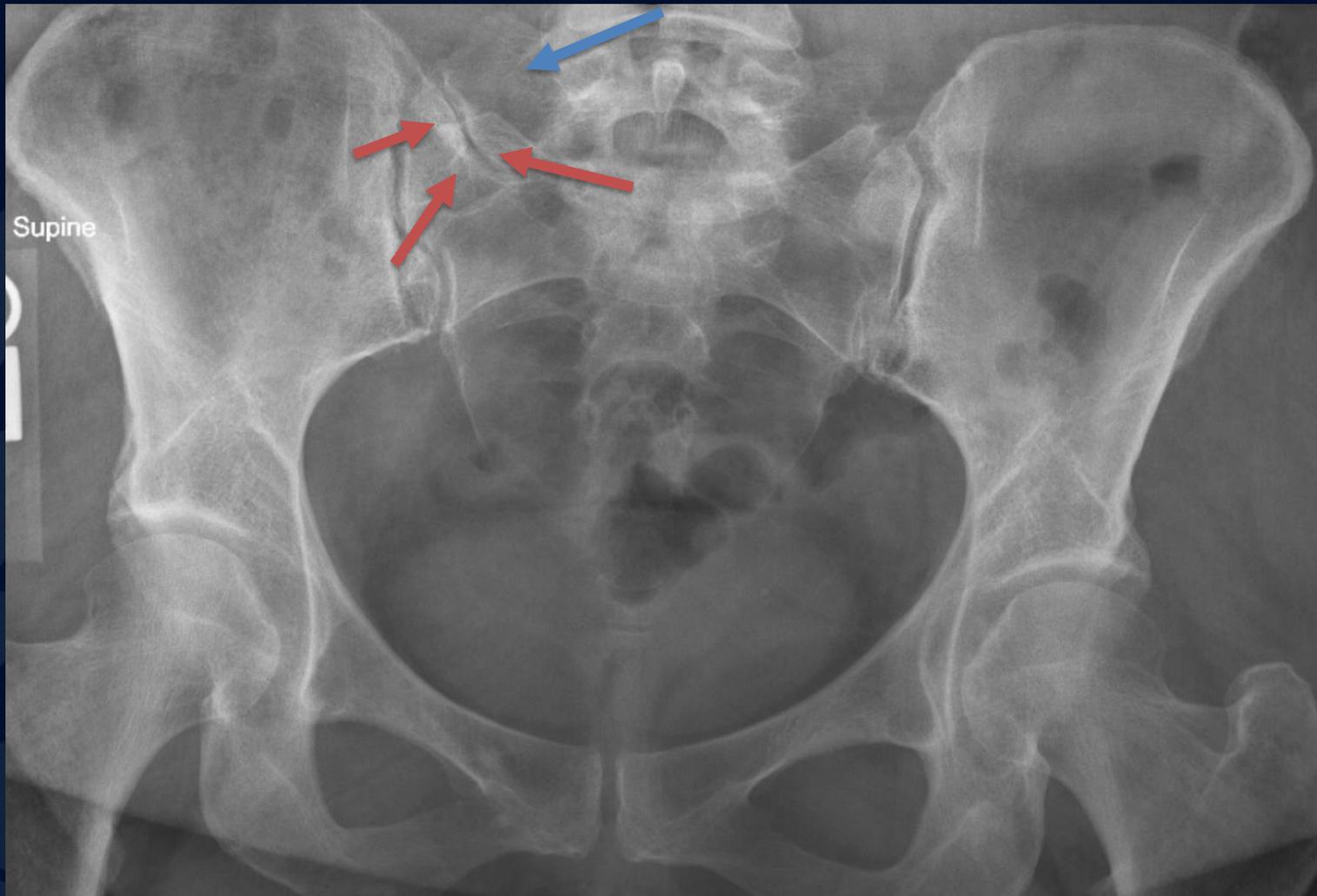


Supine

A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

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Bertolotti's syndrome



Sacralized right transverse process of L5 (blue arrow).

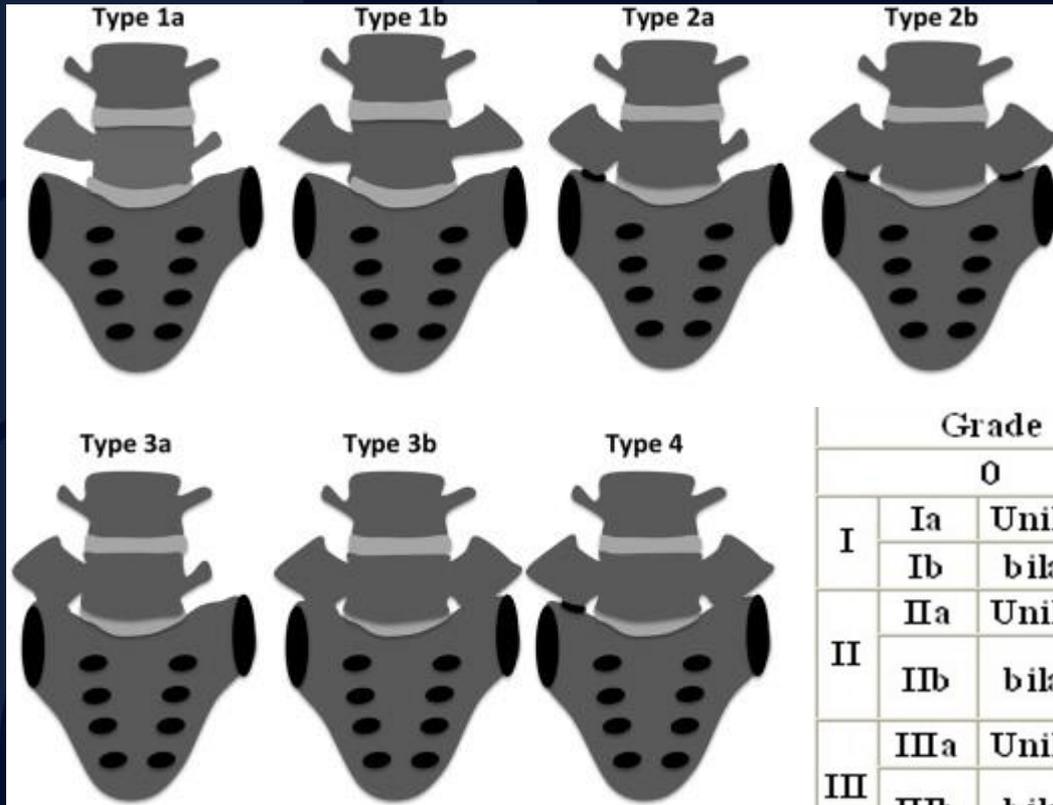
Evidence of pseudo-articulation with the sacrum, with increased bone sclerosis along both sides of the articulation (red arrows).

Bertolotti's Syndrome

Back pain related to partial sacralization of the most caudal lumbar vertebra (enlargement of transverse process with articulation or fusion with sacrum and/or ilium).

- Can be unilateral or bilateral.
- Frequently, the clinical scenario is suspicious for sacroiliitis.
- Causal relationship to back pain is controversial, but should be considered as a potential pain generator in young, symptomatic patients without other findings.
- May trial conservative tx with NSAIDs and physical therapy.
- Trial of steroid and lidocaine injection into the anomalous joint can be helpful in establishing causality of the patient's pain.
- Resection and/or fusion are surgical options in confirmed cases.

Castellvi classification of transitional lumbar vertebrae



Grade			Definition
0			Normal
I	Ia	Unilateral	Dysplastic transverse process, with height 19 mm
	Ib	bilateral	
II	IIa	Unilateral	Incomplete lumbarisation/sacralisation Enlarged transverse process with pseudarthrosis with the adjacent sacral ala
	IIb	bilateral	
III	IIIa	Unilateral	Complete lumbarisation/sacralisation Enlarged transverse process, which has a complete fusion with the adjacent sacral ala
	IIIb	bilateral	
IV			Mixed

References

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2. Almeida DB et al: Transitional lumbosacral vertebrae and low back pain: diagnostic pitfalls and management of Bertolotti's syndrome. *Arq Neuropsiquiatr*. 67(2A):268-72, 2009
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