**Case of bilateral L5 spondylolysis. Management after failed back surgery**

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**Introduction:**

Failed back surgery syndrome (FBSS) is generalized term often used to describe the condition of patients who have not had a successful result with back surgery or spine surgery and have experienced continued pain after surgery. FBSS may be caused by a multitude of reasons including both preoperative and postoperative risk factors. Inaccurate diagnostic approach and consequent incorrect surgical management are major factors leading to FBSS. In many cases surgical management after failed back surgeries present a significant challenge, hide even further risks for the patient and is much more difficult compared to the approach in non-operated patients. In such case scenarios iatrogenic changes such as fibrosis around dural sack and nerve roots, adhesions and altered spine balance must be kept in mind.

**Aim:**

The assessment and diagnosis of FBSS always begins with eliciting a thorough history and physical examination. The relationship between pain syndrome and previous surgical intervention should be established. The aim is to emphasize on precise physical examination that may help create a differential diagnosis and subsequent final diagnosis with the aid of imaging diagnostic modalities.

**Materials and methods:**

A recent clinical case of 40-year old woman, who has undergone 2 consecutive failed lumbar decompression back surgeries – right L5 hemilaminectomy with partial L4/L5 and L5/S1 discectomies and foraminotomies. Both interventions were performed on the background of undiagnosed bilateral L5 spondylolysis and subsequent segmental instability. The patient was admitted with right L5, S1 radicular pain and hypoesthesia, severe axial back pain which has led to compulsory right inclined position with left-convex scoliosis. After thorough preoperative radiological diagnosis and appropriate surgical planning TLIF (Transforaminal Lumbar Interbody Fusion) surgical procedure was undertaken.

**Results:**

Improvement of patient’s overall condition and neurological status was achieved. Sagittal balance has been restored and the patient regained normal posture being fully able to performs her everyday activities.

**Conclusion:**

The relationship between physical examination, imaging diagnostic modalities and preoperative planning is of utmost importance for successful surgical results. One should always keep in mind changes of normal spine anatomy after previous surgeries, which could lead to even further damages if the surgeon does not keep attention to them.