The study of organogentic congenital anomalies of the posterior cranial fossa by the different imaging modalities

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The aim of this study was to review and re-evaluate the role ofconventional radiography and CT in the assessment of spondylolysisand spondylolisthesis of the lumbo-sacral spine.Spondylolysis is a cleft in the pars interarticularis with noslippage of the vertebral bodies. Spondylolisthesis is a displacement ofone vertebral body over another with disruption of the parsinterarticularis permitting slippage of the superior vertebra.Clinical picture of these patients are variable, but the majority ofcases present with one of the following presentations, no symptomsexcept occasional low back pain; chronic low back pain with noradicular symptoms; radicular symptoms with no nerve rootcompression with or without low backpain; radicular symptoms withneurologic deficit; intermittent claudication.Spondylolisthesis has six types according to the classificationproposed by Wiltse, Newmon & Macnab, the types are, dysplastic;isthmic; degenerative; traumatic; pathological; & post-operative. Themost common type of them is the isthmic type.The conventional plain X-ray's play an important role in thediagnosis of spondylolysis & spondylolisthesis.Every patient, should be investigated by three views, we definethem as the standard basic views in spondylolysis & spondylolisthesis,antroposterior view, oblique view (with or without cranial tilt) & erectlateral view.-115_____ SUMMARY---In this thesis, we considered that the oblique view with cranialtilt is the most important single projection in spondylolysis and thestanding lateral radiograph is the most important projection inspondylolisthesis, at the time of presentation.When the diagnosis is confirmed, additional radiographic studiesmay be in order, such as flexion & extension lateral views to detectprogression and instability. Authors considered that ifthere is 5% ormore mcrease in the amount of slippage on dynamic Views,spondylolisthesis is said to be progressive.If the complaint of the patient is solely mechanical, the abovementioned radiographs are sufficientfor evaluation, but if there is rootsymptoms, bowel or bladder dysfunction, physical evidence of rootcompression, myelography, CT. or combination of both is then beutilized.Myelographic Signs in spondylolisthesis are numerous, the mostfrequent is hour glass constriction. Other signs such as smallindentation of the contrast column, or complete block caused by severstenosis in degenerative spondylolisthesismay also be detected.CT is lastly used to asses, the integrity of disc, ascertain spinalcanal stenosis or to rule out intraspinal pathology in patients who donot have'resolution of symptoms by non

specific measures.