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## 5 months follow up result of non surgical management spondylolisthesis case with comorbid: A case report

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In spondylolisthesis, non-surgical is the first line treatment, but surgical treatment is still superior. There is no report of case from a highly indicated for surgery, but unable to be operated and evaluate the conservative treatment whether its useful or not. 64 year old male complaint sudden weakness both his legs and disturbance of bladder and bowel. Decrease sensory and motoric function below T10-T11, muscle power 2/5. MRI shows scoliosis, spondylolisthesis of L2-L3 grade I, lumbar spinal stenosis and CSF blockage at L1-L2. The patient had T2DM, tuberculosis and hepatitis-B infection, anemia, renal and hepar insufficiency. Patient were indicated for surgical treatment, because there is some risk (age and comorbid) he is given conservative treatment with NSAID, corticosteroid drug, regular physical therapy for 60 session and bed rest. After 5 months of treatment symptoms was reduced, now he can move his leg, although it wasn't as strong as before. Muscle power 4/5. Bladder and bowel problem still exist, numbness reduced only below L4-L5. Management of spondylolisthesis consist between surgical and non-surgical. A meta analysis shows the superiority of surgical treatment. Various case study of grade I/II spondylolisthesis (without comorbid) shows improvement by conservative treatment only. As this time there is no clear prospective, randomized clinical trials for conservative treatment. From our case, there is significant improvement of conservative treatment consist only from pharmacological, physical therapy. We believe better choice of drug and physical therapy will improve the result too. Further study need to be done to give best result.

## **Biography**

Irfani Ryan Ardiansyah has completed his Medical degree from Jenderal Soedirman University. He is an Emergency Medical Doctor, interested in neurology and neurosurgery practice. He is currently working in a public hospital and GP in Public Health Center in Boyolali, Indonesia.

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