# Bertolotti's Syndrome

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## What is Bertolloti's Syndrome?

- **Bertolloti's Syndrome definition:** congenital condition that involves a lumbosacral transitional vertebrae (LSTV) typically at L5/S1
  - Most common: articulation between enlarged transverse processes of L5 with the sacrum
    - The transverse processes are enlarged in order to make up for the lost surface area due to the fused sacrum to allow for proper distribution of weight (leads to decreased motion at L5/S1)
- **Incidence:** incidence of a transitional vertebrae is between 4 and 36%, Incidence of Bertolloti's syndrome is between 4 and 8%
- **Etiology:** may have a genetic component mutations in HOX10/HOX11 genes; may also be due to biomechanical factors (how the patient's weight is distributed over the SIJ or an abnormal/underdeveloped iliolumbar ligament)
- **Population:** symptoms typically present in the patient's early 20's but it is a congenital condition that is present from birth

#### Spinal Anatomy & Differences with Bertolloti's Syndrome:

**Typically developed lumbosacral spine:** 



**Spine with Bertolloti's:** 



#### Types of Bertolloti's Syndrome:

Ia: unilateral, enlarged transverse process

Ib: bilateral, enlarged transverse processes

**IIa.** unilateral pseudoarticulation of transverse

process w/ sacrum

IIb. bilateral pseudoarticulation of transverse

processes w/ sacrum

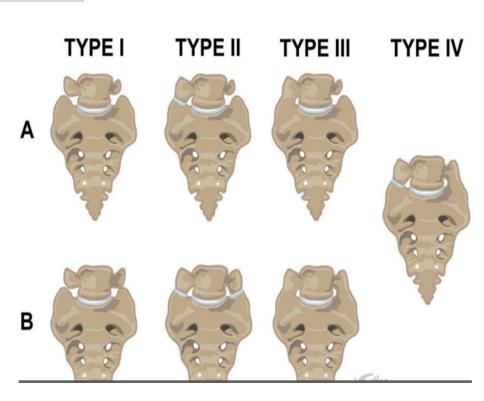
IIIa. unilateral fusion of transverse process

& sacrum

IIIb. bilateral fusion of transverse process & sacrum

IV. type IIa on one side and IIIa on

contralateral side



## How to Officially Diagnose Bertolloti's Syndrome:

Who can officially diagnose: spine specialists, general physicians, orthopedists, etc. (aka...not us)

**How it is diagnosed:** CT (usually first line of action), MRI or X-ray

CT:



MRI:



### PT Evaluation for Bertolloti's Syndrome:

- Common pain patterns: nonspecific TTP in general lumbosacral region, may have radiating sciatic pain, may have lack of spinal ROM
- Subjective questions to rule in/out: specific MOI, history of spinal injury, age, occupation, aggs/eases of the pain, change in bowel/bladder, onset of pain (acute or chronic)
- Testing to rule in/out:
  - Mytomes: Great toe Flex/Ext, Dermatomes: back of the leg into foot (sciatic pain), Deep Tendon Reflex: Achilles Tendon, Palpation/joint mobs to assess joint mobility, hip/glute muscle testing, SIJ provocation testing
- Other explanations for pain other than Bertolloti's: DDD, muscular strain, disc herniation, spondylosis, lumbar radiculopathy, scoliosis

#### Surgical Interventions/Non-PT Treatments for Bertolloti's:

- Radiofrequency Ablation
- \*Steroid Injections/Epidural Injections
- Spinal Fusion
- Spinal Decompression
- Segment Removal
- \*NSAIDs

#### **Conservative/PT Treatment for Bertolloti's:**

#### **Modalities:**

- E-stim
- Ultrasound
- Heat/Cold
- Dry Needling
- Cupping
- Massage

#### **Therapeutic Exercise:**

- Core Strengthening & Stabilization
- Glute/Hip/LE Strengthening
- Functional strengthening for ADLs
- ROM Maintenance
  - Spinal & Muscular

#### Key Takeaways:

- 1. Rule out all other sources of LBP before assuming the problem is structural.
- 2. Know when to refer out & have quality resources to refer patients to.
  - 3. Create a treatment program to maintain patient function and quality of life between treatments or before/after surgical interventions.

# Resources:

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- McGrath K, Schmidt E, Rabah N, Abubakr M, Steinmetz M. Clinical assessment and management of Bertolotti Syndrome: a review of the literature. Spine J. 2021 Aug;21(8):1286-1296. doi: 10.1016/j.spinee.2021.02.023. Epub 2021 Mar 3. PMID: 33676018.