

# Congenital C6 Spondylolysis

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## History

7 year old with Pierre-Robin syndrome and type II collagenopathy.

## Diagnosis

Congenital C6 spondylolysis

## Discussion

Cervical spondylolysis can be acute or chronic. Acute is post-traumatic. Chronic is related to embryologic defect and is most common at C6. The incidence is unknown; most cases are detected incidentally. Flexion and extension radiography is necessary to determine stability. Unstable spondylolysis is treated by surgical fusion whereas stable spondylolysis is managed conservatively.

## Findings

CR-Lucent defect in posterior elements of C6.

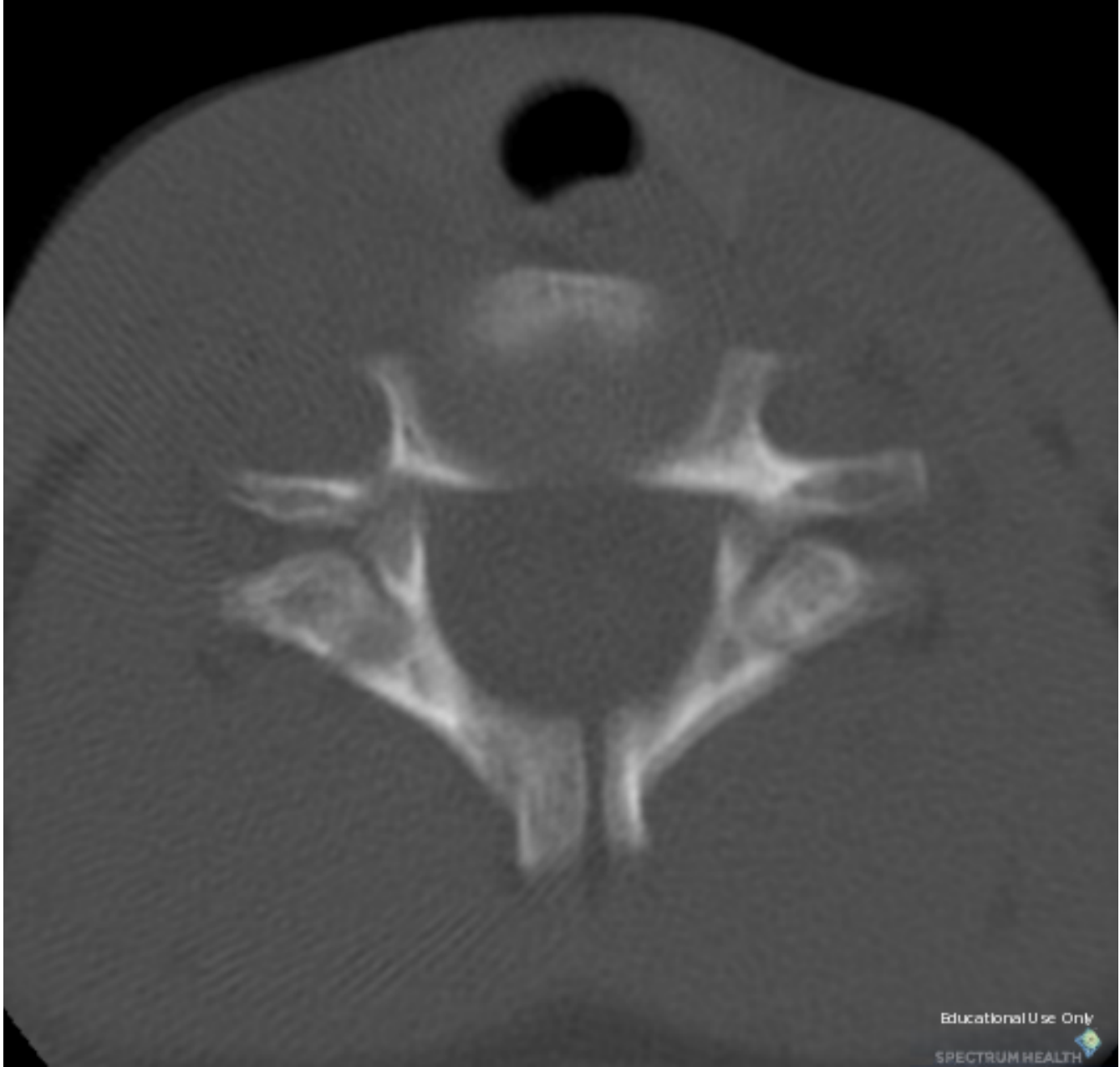
CT-Bilateral hypoplastic pedicles; lucent defects with sclerotic margins separate the vertebral body from posterior elements.

## Reference

Kim HK and Laor T. Bilateral congenital cervical spondylosis. *Pediatric Radiol* 2009.


Forsberg DA, et al. Cervical spondylolysis: Imaging findings in 12 patients. *AJR* 1990; 154:751-755.

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