

## Is iliosacral pain with degeneration of the SI-joint a caudal adjacent disease after lumbar fusion?

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### Problem

Adjacent disc disease (ADD) after spondylodesis ist the most important problem of spinal fusions. Following pain of SI-joint is well-known after lumbar fusion. This study investigates the importance of severe SI-pain after spinal fusion.

### Patients and methods

The study investigates 162 fusions in case of ADD between 2002 and 2012.

The operations were elected according the participation of the first author at the operation.

The study examines age and sex, cause and technique of primary fusion, localisation of ADD-segment, time between fusion and operation of ADD and technique of the secondary operation.

### Results

Relation between number of primary fusion and operation of ADD within this time was 4,8:1. Re-operations were done in 71% because of cranial, 22% caudal and 7% both cranial and caudal ADD.

A further fusion in ADD following isthmic spondylolisthesis had to be performed in 3,8%, at the same period the percentage of fusions in this indication was 12%.

The investigation of 52 fusions of the SI-joint demonstrates in 28 cases (54%) earlier performed spinal fusions down to S1 with av. 3 segments, in 1 case (2%) an artificial disc L5/S1 and in 5 cases (10%) severe degenerative disc diseases with decrease of segment mobility. Further 8 patients (15%) had been treated by lumbar fusion above L5/S1. Only 10 patients (19%) had no changes of lumbar spine worth mentioning.

### Conclusion

Die Untersuchung der Indikationen zur ISG-Arthrodesse lässt davon ausgehen, dass die Arthrose des Kreuzdarmbeingelenks in einem hohen Prozentsatz als caudale Anschlussdegeneration des lumbosakralen Bewegungssegments anzusehen ist.