

V. BÜLOW-HANSEN, OSLO:

CONGENITAL SYNOSTOSIS OF THE COLUMNA

(Demonstration of X-ray plate.)

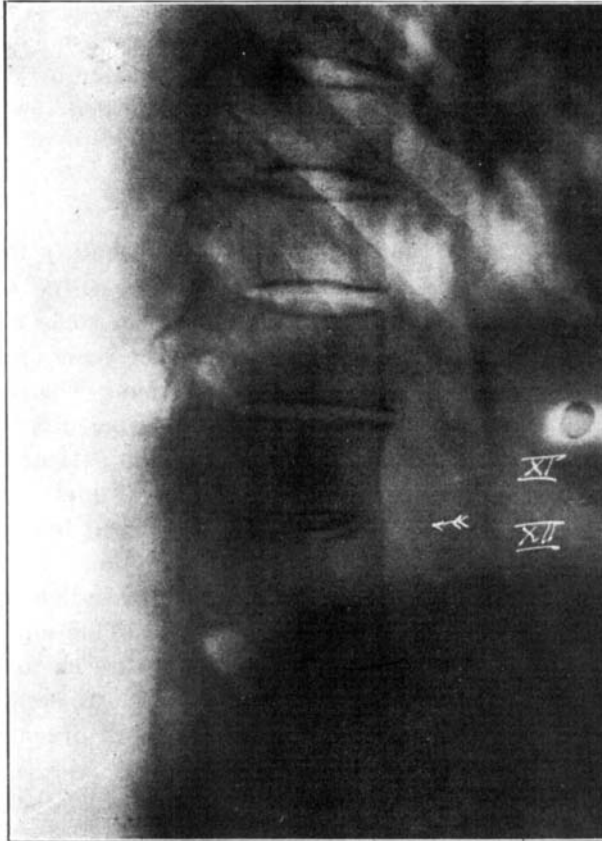
January 13, 1930, the patient — 37 years old, clerk in the parcel post service — applied to the dispensary of the Clinic for Cripples.

His complaints were increasing pains in the back for the last 4 years, without preceding trauma. The pains have been varying in strength, but they are present every day, especially during his work which involves a continuous bending of the back.

Present illness: Nothing particular is noticed on inspection of the back. On bending forward the lower dorsal and upper lumbar part of the columna is stiff and fixed, and in this position he has to rest his hands on the knees. There is no local tenderness or pain on pressure on the columna. Roentgenography in 2 planes shows synostosis of vertebræ dorsales XI and XII with mere remnants of the intervertebral meniscus. The interval between vertebræ X and XI appears to be smaller than normal, too. In addition there is an increase in the bone formation at the lower edge of the 10. dorsal vertebra and the upper edge of the 11. Thus, in this case, we are most likely meeting with an initial stage of spondylarthritidis deformans in addition to a probably congenital synostosis between vertebræ dorsales XI and XII.

In Mittelrheinische Chirurgievereinigung in Marburg, Oktober, 1929, Holfelder (Frankfurt a. M.) reported a material of columna lesions illustrated by X-ray plates. In this material he had 2 cases similar to this one, 2 miners in whom an accidental injury to the back revealed a synostosis between 2 vertebræ and partial loss of the intervening intervertebral disc. In these

cases — as in my case — the respective vertebræ forming a solid block were of normal height and well developed. In my case, as already mentioned, there was in addition beginning spondylarthritis deformans, at any rate between the 10. and 11.



Synostosis of vertebræ dorsales XI and XII.

dorsal vertebræ. In one of Holfelder's cases the synostosis involved the II and III lumbar vertebræ, in the second case the synostosis had united the I and II lumbar vertebræ and the III and IV lumbar vertebræ into two large smooth vertebral blocks.

Such accidental findings of this condition are of considerable interest with regard to invalidity insurance.

DISKUSSION:

Sundt

did not feel convinced that this was a case of congenital anomaly; it was more likely a case of secondary arthritis deformans — non-improbably subsequent to a healed tuberculous spondylitis.

Haglund, Stockholm:

It would be rather impossible with any certainty to decide whether in this case we are meeting with a congenital anomaly or with the result of a previous spondylitis of some kind. In *Zeitschr. f. orthop. Chirurgie I* published some years ago a case of *Coalitio completa talonavicularis* in a young woman where the X-ray plates suggested the presence of a congenital skeletal anomaly. In this case, however, the age of the patient was far lower than in *Bülow-Hansen's* case, and X-ray plates and her past history showed that in childhood the patient had suffered from tuberculosis of the foot; 15 years later there did not appear to be any other sign of this childhood disease than a fusion of the talus and the navicular bone into one. This old case of mine admonishes to accept *Bülow-Hansen's* case as congenital only with addition of a large question mark. It seems more likely to me that the condition may be the result of spondylitis in infancy — probably of tuberculous nature.