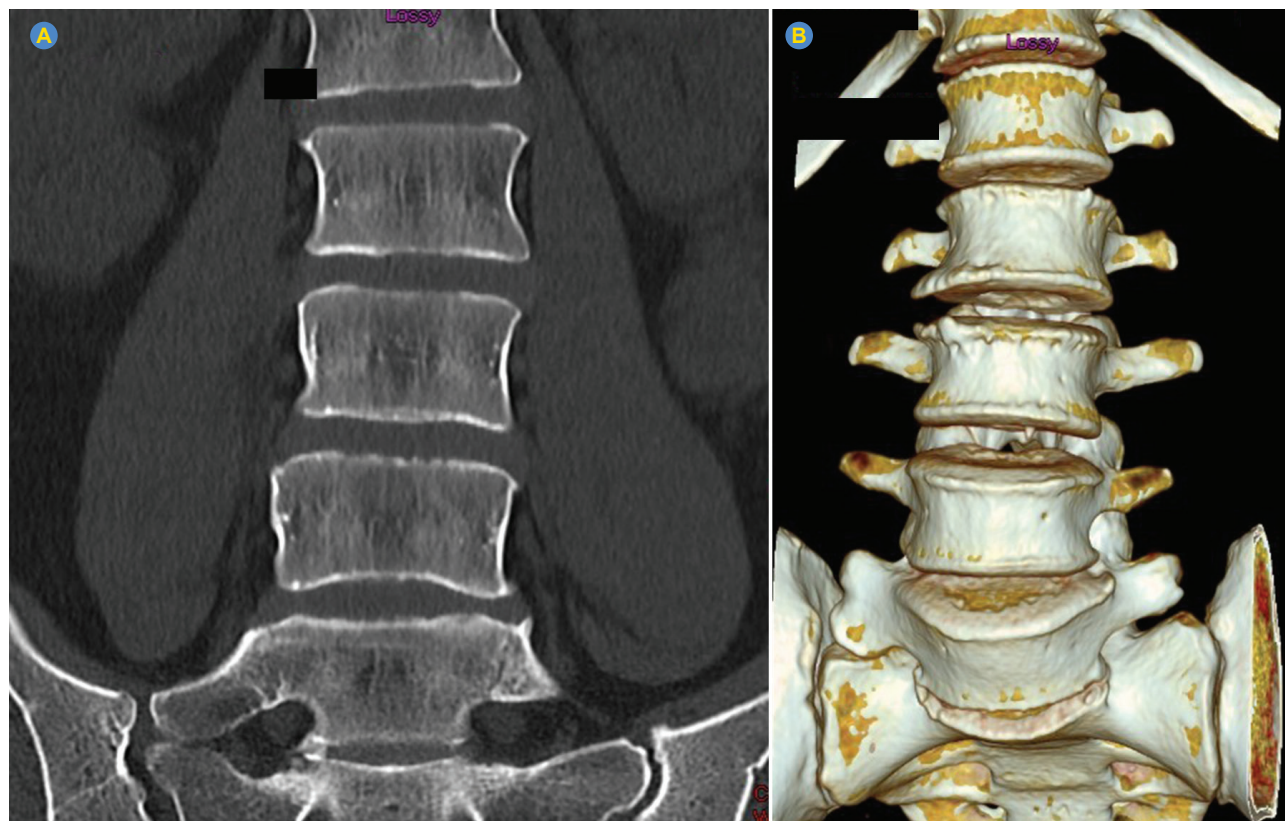


## A Case of Unilateral Bertolotti's Syndrome

### Um Caso de Síndrome de Bertolotti Unilateral

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**Figure 1** – Sacralization of the lowest right lumbar vertebral body originating the lumbosacral transitional vertebra compatible with Bertolotti's syndrome

A 47-year-old woman with chronic low back pain presented with right hip paresthesia extending to the ipsilateral lower limb, causing significant physical limitation. The lumbosacral computed tomography scan (Fig. 1A) and three-dimensional reconstruction (Fig. 1B) showed an abnormal connection between the lowest lumbar vertebra (L5) and the sacrum on the right side of the spine, compatible with a congenital condition called lumbosacral transitional vertebra (LSTV) defect and, consequently, Bertolotti's syndrome.<sup>1-4</sup>

Bertolotti's syndrome typically manifests as chronic low back pain with associated symptoms such as sacroiliac joint, groin and hip pain, reduced back mobility, and radiculopathy.<sup>1,2</sup> Since its diagnosis requires clinical and imaging assessments, with the presence of LSTV, its incidence is still unclear.<sup>1,3</sup> Both images show the connection between the right transverse process and the sacrum on the right side of the spine. The initial treatment is conservative (physical and pharmacological therapies).<sup>1,4</sup> Epidural steroid injections,

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radiofrequency ablation, and surgery are considered second-line treatments.<sup>1,4</sup>

#### AUTHOR CONTRIBUTIONS

RMG: Study design, data collection, literature search, writing and critical review of the manuscript.

JCG: Study design, literature search, writing and critical review of the manuscript.

MPP: Writing and critical review of the manuscript.

GC: Study design.

JPA: Data collection.

All authors approved the final version to be published.

#### PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in October 2024.

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#### DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

#### PATIENT CONSENT

Obtained.

#### COMPETING INTERESTS

The authors have declared that no competing interests exist.

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