Lumbar degenerative spondylolisthesis (LDS), i.e., is an acquired slippage of one lumbar vertebra on-over the one below itthe lower one as the result of because of degenerative instability, in the absence of a defect in the pars interarticularis. The disease is a condition frequently seen observed in middle-aged and elderly aged females, and patients. Some patients with LDS may not present with any may have no clinical symptoms. Most of the time, they Symptomatic patients generally respond well to non-surgical treatments, such as which include lifestyle modification (reducing environmental pain generators), medication, physical therapy, weight reduction, multidisciplinary pain clinics management, or epidural injections.

Surgery may be necessary in refractory cases patients with intolerable symptoms, such as (a) a dramatic decline in quality of life, unresponsive to a reasonable trial of 3 months conservative treatment, rest pain, progressive neurological deficit, or sphincter disturbances), or in patients who are unresponsive to a reasonable trial of 3 months of conservative treatment surgery may be necessary. At the present time Currently, 70–80% of the surgically treated patients have a report satisfactory outcomes, but due to because of the continuing degenerative process, the results outcomes get worse worsen over time.

Common Poor poor prognostic factors commonly quoted for the surgically treated patients with surgical treatment include age > 65 years, symptom chronicity of symptoms > 24 months, instrumentation > 4 levels, inability to restore sagittal balance, comorbidities > 4, more preoperative back pain more than leg pain, posterolateral versus 360° fusion versus 360° degrees, intermittent claudication after walking for more than several hundred meters, previous surgery, and inability to fuse. A range of Many surgical techniques, including indirect reduction, decompression, decompression plus lumbar fusion with or without instrumentation, and decompression and slip reduction plus instrumented fusion have have.

Comment [Editor1]: In this context, “cases” was revised to “patients” as cases cannot have symptoms, but patients can.

Comment [Editor2]: In academic writing, text should be presented in a concise manner wherever possible to aid readability.
been used for surgical treatment of LDS. These include indirect reduction alone, decompression alone, decompression plus lumbar fusion with or without instrumentation, decompression and slip reduction plus instrumented fusion. In this study, we aimed to evaluate the surgical outcomes of patients with degenerative spondylolisthesis LDS with following neural decompression, pedicular screw fixation, and posterolateral fusion.