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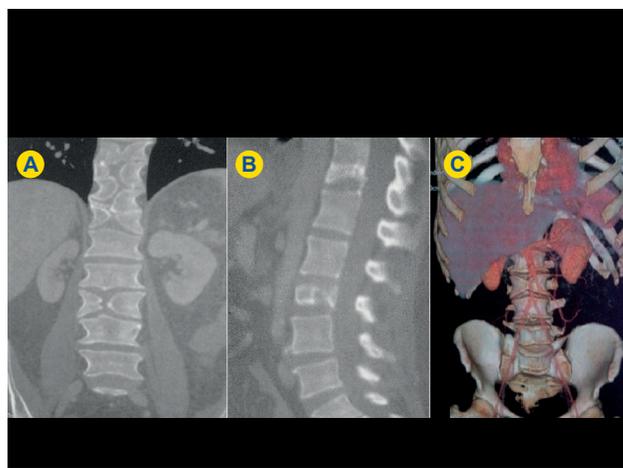
**Palavras-chave:** Vértebras Lombares/anomalias congénitas; Vértebras Lombares/radiografia.



**Figure 1** - AP spine x-ray showing a sagittal cleft through center of T12 and L3 with funnel shaped ends. **A:** Lateral x-ray of the thoraco-lumbar region showed an anterior wedging of T12 and L3 with widening of its vertebral bodies. **B:** The adjacent vertebral bodies of T12 and L3 adapt to the altered intervertebral discs on either side by showing concavities along the adjacent endplates, A and B.

A 55 year-old woman presented with constipation and abdominal bloating. Physical examination revealed mild diffuse abdominal tenderness. Abdominal ultrasound and colonoscopy were unremarkable. Abdominal X-ray showed abnormal appearance of T12 and L3 vertebrae. Lateral and anteroposterior radiograph of lumbar spine x-ray showed an anterior wedging of L3 (Fig.1). Computed tomography (CT) showed the aspect of butterfly vertebra (Fig.2). The diagnosis of irritable bowel syndrome occurring in a patient with butterfly vertebra was established.

Butterfly vertebra is a rare congenital malformation, which occurs usually at the thoracolumbar spine. It is due to a defect of fusion of two chondrification centers in an



**Figure 2** - **A:** CT scan of the thoraco-lumbar region showing T9-T12 and L3 butterfly vertebra; **B:** CT scan in coronal view revealing butterfly vertebrae at the level of T9-T12 and L3; **C:** CT 3D reconstruction confirming the presence of butterfly vertebra at L3.

embryonic vertebral body due to a persistent notochordal tissue between them. Butterfly vertebra is commonly asymptomatic. Associations with supernumerary lumbar vertebrae or anterior spina bifida are possible.<sup>1</sup> Butterfly vertebra can be mistaken with wedge vertebral fracture<sup>1,2</sup> or, less likely, metastasis. Awareness of this condition assists in making rational use of extensive noninvasive and invasive diagnostic procedures.

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