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Less Common Disc Herniation

A 38-year-old male presented with significant pain, numbness and tingling extending down the left lower extremity. He reported this began four months earlier when he was unloading railroad ties from a truck. He initially treated the symptoms with modified activities and NSAIDs, then progressed to formal physical therapy, chiropractic treatment and epidural injections. The symptoms continued to worsen and he developed weakness in the leg and foot (drop foot).

Exam:

He had pain and paresthesias in the L4 nerve distribution, and he ambulated with a slight steppage gait and was unable to heel walk on his left foot. A positive SLR (straight leg raise) of the left lower extremity and motor weakness 4/5 on dorsiflexion of the left foot were present. MRI was notable for a large left sided L 4-5 far lateral extraforaminal disc herniation, well visualized on the MRI T2 weighted axial image.

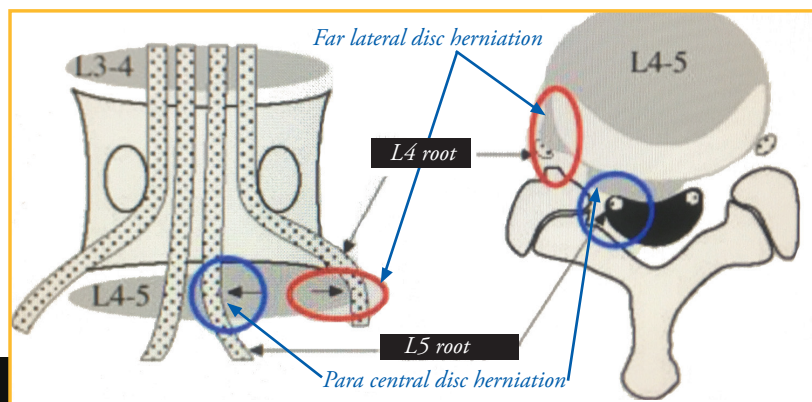
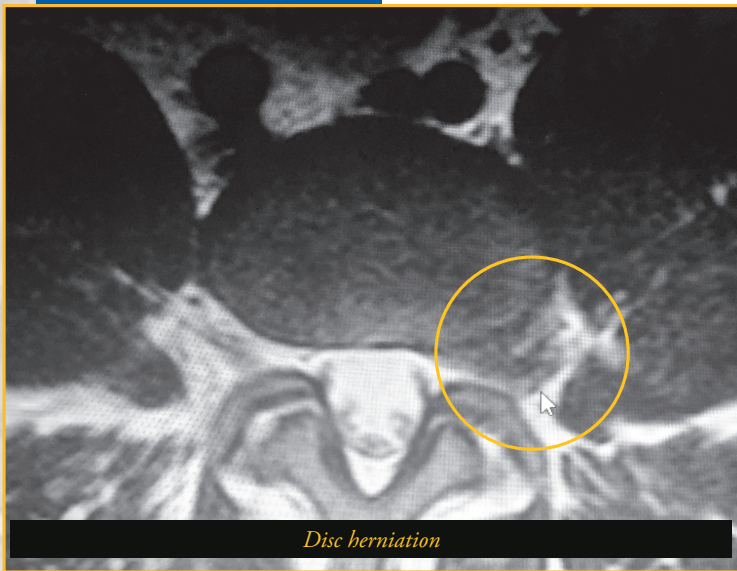
Treatment:

Due to his worsening condition and symptoms, despite extensive conservative measures, the patient elected to proceed to surgery for a far lateral discectomy.

An outpatient far lateral microdiscectomy was performed. The patient experienced immediate relief of the radicular pain and improving paresthesias and motor strength. By two weeks post operative he had regained normal sensory function and full motor strength.

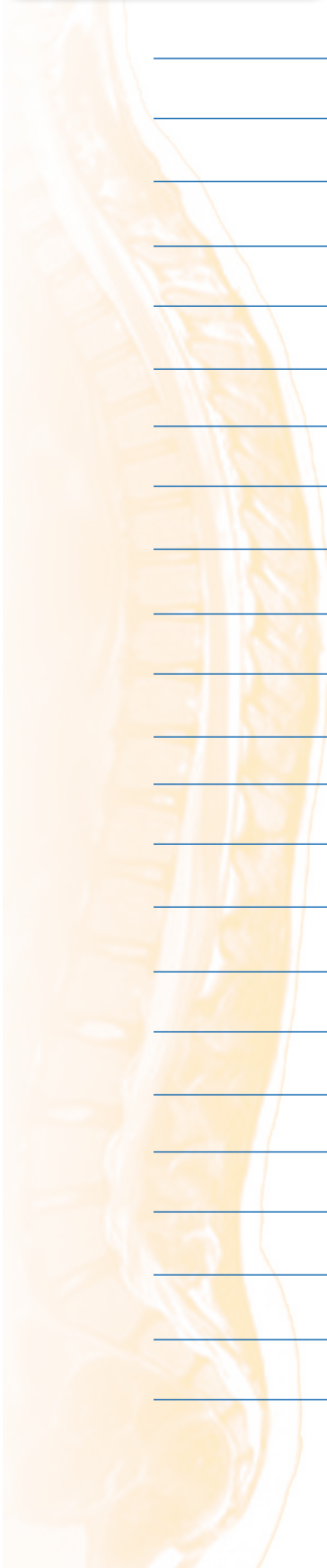
Pearl:

Far lateral extraforaminal disc herniations are much less common than the typical central to paracentral herniation. This patient presented with classic L4 radiculopathy associated with a far lateral disc herniation at the L4-5 level, which affects the exiting nerve root (L4), unlike a central/paracentral disc herniation of the L4-5 level which typically affects the traversing nerve root (L5).





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