

Common Lumbar Disc Herniation



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A 47-year-old male presented with significant worsening pain and numbness down the left lower extremity to the foot. He had been managing lower back pain symptoms for the past year, which culminated with increasing left lower extremity symptoms and the back symptoms decreased. The leg symptoms continued to worsen despite conservative medical management, and he developed weakness with plantar flexion of the left foot.

Exam:

He had discomfort in the lower lumbar region to the left, accompanied by severe pain and paraesthesias down the left lower extremity to the sole of the foot with weakness of plantar flexion, a positive SLR, and a diminished S1 reflex.

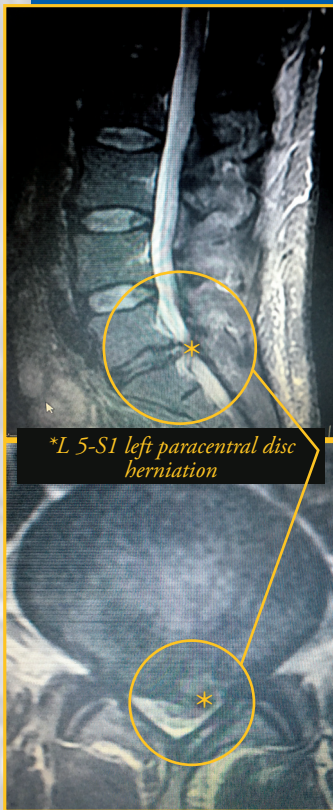
The MRI revealed a large left paracentral disc herniation of the L5-S1 segment. The annulus fibrosis was ruptured with extruded nucleus pulposus flowing into the spinal canal, displacing the thecal sac and impinging upon the traversing neural elements, particularly the S1 nerve root.

Treatment:

The patient underwent an outpatient microdiscectomy at the L5-S1 segment. He experienced immediate relief of his previous radicular pain and symptoms. He progressed back to regular activities following six weeks of limited activities and conditioning.

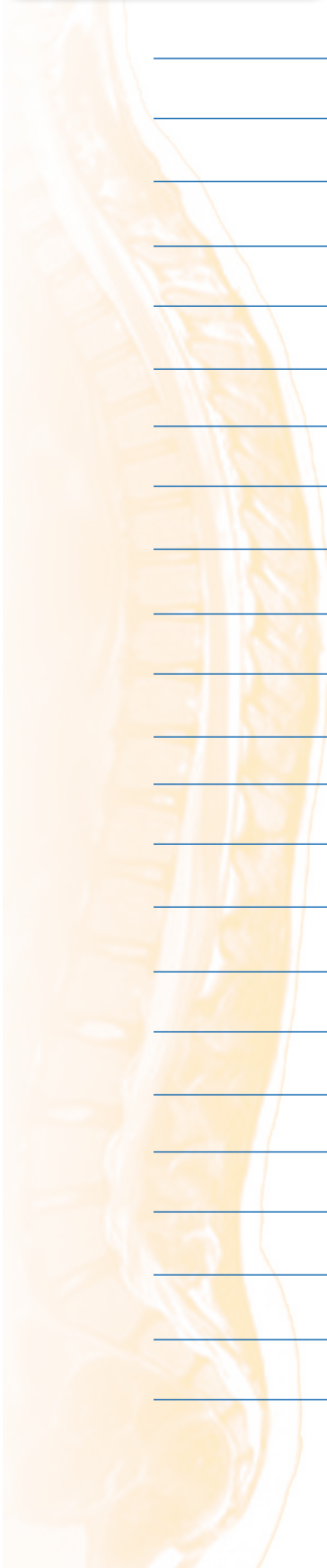
Discussion:

The majority of lumbar disc herniations are spontaneous rather than associated with a specific injury or traumatic event. Likewise, the majority of disc herniation symptoms will resolve with conservative measures within three months. For patients that fail conservative measures, surgery is a favorable treatment with superior results on all primary outcome measures.





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