Large L3/4 Free Fragment

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Philadelphia

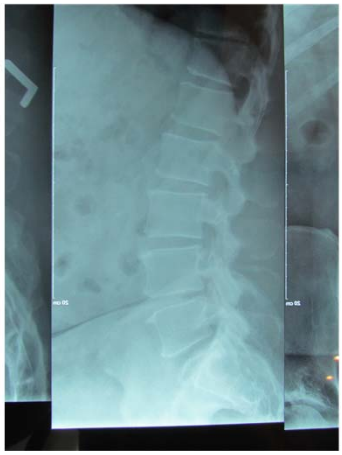
History and Chief Complaint

- 5/13/13
- 63 year-old male presented with acute right-sided lumbar pain radiating into the right anterior thigh.
- He worked in the yard the previous day and then spent three hours shredding files in seated position.
- As he went to get up he felt sharp knife-like pain in the lower back and had to lay down. The pain was worsening even with rest and the patient went to the emergency room.

Emergency Room

- X-rays were taken and revealed mild arthritic changes in the lower three lumbar vertebra.
- The patient was given an injection for pain, muscle relaxers, and an NSAID.
- He presented to our office the following day and by that time he had severe back and right anterior thigh pain. He was also feeling some pain in right shin. He was having difficulty walking any distance and could obtain relief laying on his left side. At this time sitting was very painful.

X-Ray



Examination

- The patient presented in flexed antalgia with pronounced limp favoring right leg.
- Straight leg raise was negative
- Patellar reflex was graded 1/5 on the right, achilles reflex 2/5 on right. Left leg patellar and achilles reflexes both 2/5
- Dorsiflexion and plantar flexion graded 5/5 in prone position bilaterally

Examination

- Quad strength grades 4/5 on the right, 5/5 on the left.
- The patient rated his pain at 9/10 standing. 4-5 out of 10 when recumbent on the left side. He could only sleep for about an hour at a time due to the pain.

Diagnosis

- The patient was diagnosed with a disc herniation at the L3/4 level and was instructed on the 50% rule.
- He was very anxious and we had a long discussion about his condition. He agreed to begin Protocol 1 treatment daily until 50% relief and then we would gradually reduce the visits.
- MRI would be considered if we were not seeing improvement in two weeks or sooner if any worsening.

Treatment

- We began protocol 1 treatment. During tolerance testing the patient was comfortable with L2 contact. L3 contact slightly increased his right anterior thigh pain. We were able to contact the ankle on the involved side.
- The patient has a busy Psychology practice and was only able to take four days off.
- At the fourth visit his pain went from 9/10 to 5/10.

Treatment

- The patient was given a Cox brace for his return to work and this allowed him to sit for his counseling sessions and he reported his walking was much easier with the brace on.
- Upon his return to work his improvement over the next week was minimal. His pain remained at 5/10 and his walking was limited to 300 feet or so. Sitting with the brace was very tolerable at work.

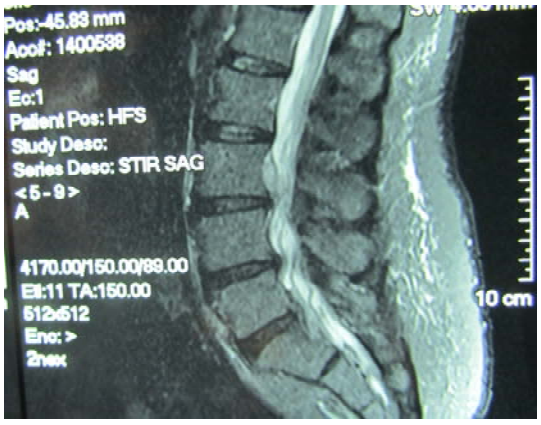
MRI

- Right Quad strength was still 4/5 at 17 days of care and the pain remained at 5/10. We were able to get an MRI approved and it was done on 6/3/13.
- I was suspicious of a free fragment in the osseo-ligamentous canal.

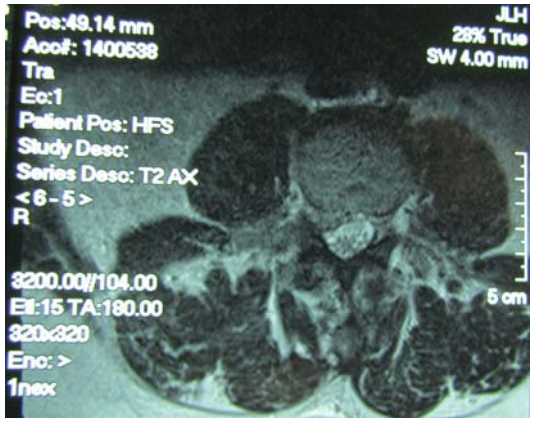
MRI Results

- Impressions:
- 1.Large right lateral recess disc extrusion L3/4 with superior migration along posterior margin of L3 body. Fragment measures 5x11x21mm. Effacement of the right lateral recess and severe right foraminal narrowing.
- 2.Concomitant disc bulge at L34
- 3.Disc bulge and facet arthropathy at L4/5 with mild stenosis.

MRI



MRI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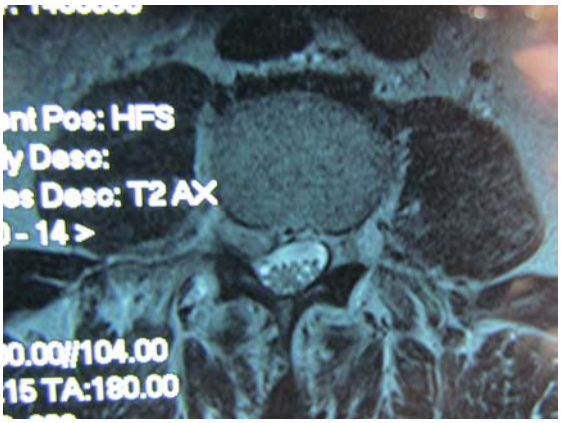
MRI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Plan

- I met with the patient and his wife and reviewed the MRI.
- We agreed to set up a neurosurgical consult which was scheduled for June 25th.
- Treatment would continue while we awaited the appointment.

Treatment

- The patient presented on 6/12/13 reporting pain decreased to 3/10 and the patient walked for fifteen minutes the previous night and the thigh pain was minimal. He reports sleeping well and sitting at work has been comfortable.

Conclusion

- No downside to conservative care as long as neurological signs are not deteriorating.
- Brace was key addition and gave the patient confidence to work and wait on the phagocytosis of the free fragment.
- Showed the patient research of Ikeda, Komori, and McCall which helped his confidence in our plan.