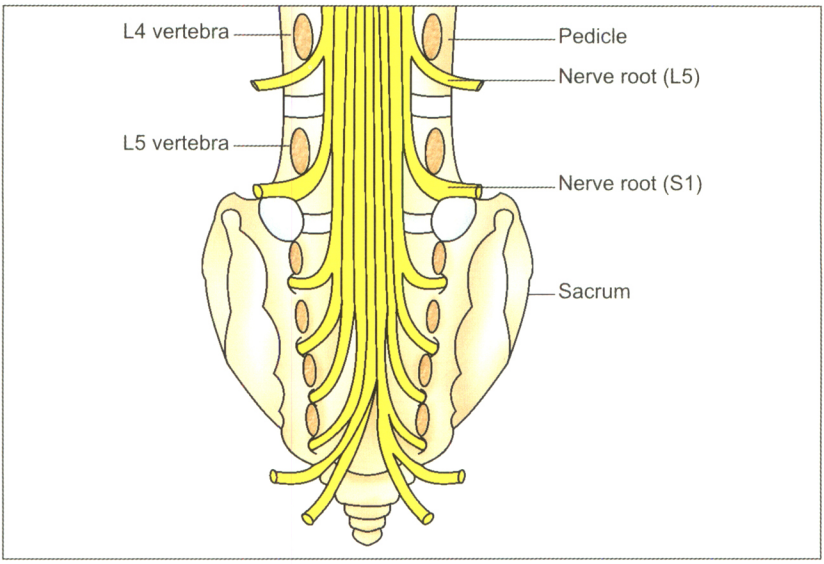

Fig. 1.8a: Nerve roots lie in the spinal canal, come out of their coverings and then pass through intervertebral foramina.

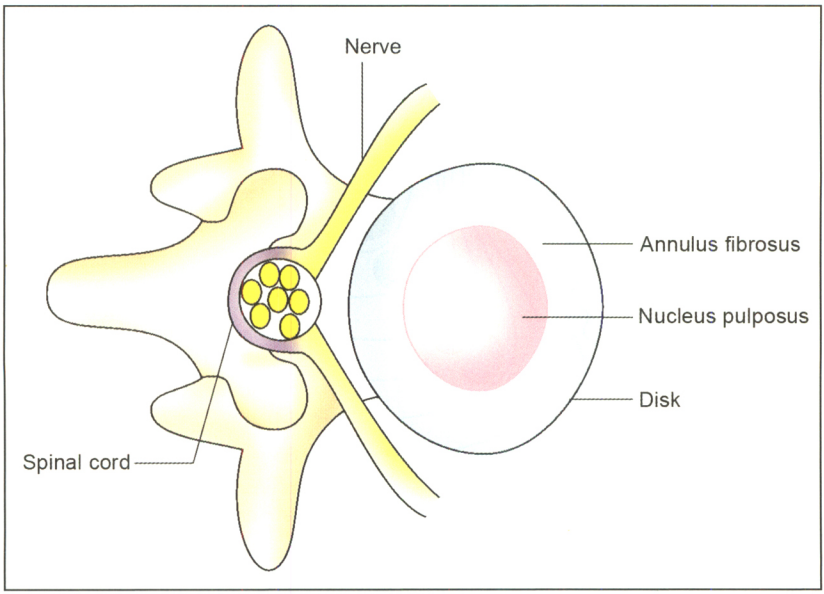

Fig. 1.8b: Nerve roots lie in the spinal canal, come out of their coverings and then pass through intervertebral foramina to come out and go through respective destinations.

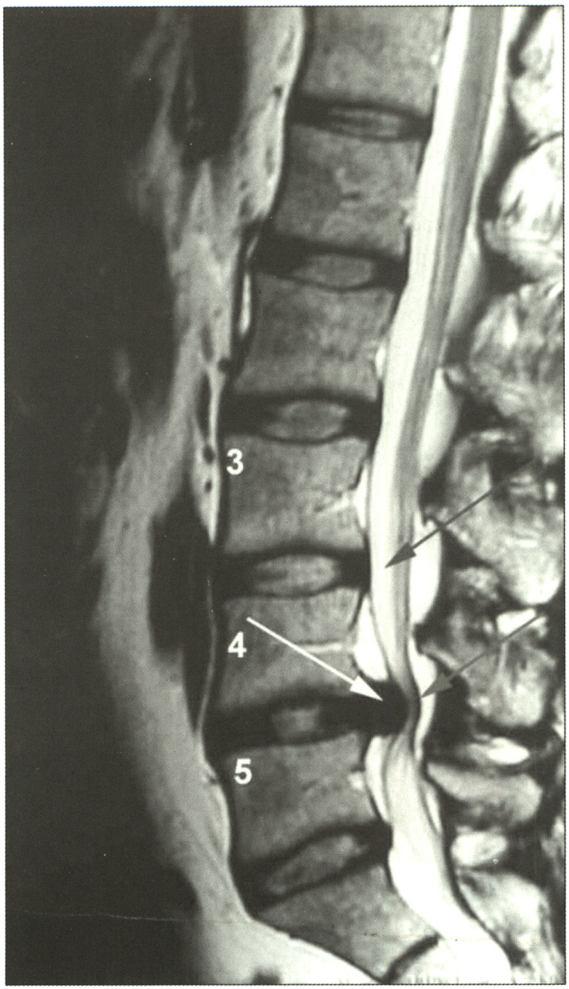

Fig. 4.1: Prolapsed intervertebral disc causing severe compression of thecal sac, as seen in MRI of the spine.

never be overlooked. There are several causes that might irritate or press on the nerve roots, which may cause backache. Prolapsed intervertebral disc (Discogenic) is the most common mechanical cause. In India, the most common cause is tuberculosis of the spine. Tumours in this area are not very common. Neurofibroma, ependymoma and some cysts are the likely tumours in this area (Fig. 4.2). In the elderly, a metastasis (seeds from a cancerous lesion elsewhere in the body) should always be

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Visit from One Doctor to Another

"The patient who is always tired or run down has persistent pressure on top of the head...continuous low backache...will suffer nothing but harm from seeing a succession of narrow minded specialists, each of whom does no more than give an opinion of the state of his own territory. The general practitioner who keeps such people away from consultants is doing them the greatest service."- 'In need of protection', Lancet (1984)

Repeated visits to the busy family practitioner lead to frustration, since in his practice backache is usually relegated to a secondary place, then starts a second phase of consulting specialists. Colourful tablets with new names and gadgetry of the physiotherapists are usually quite impressive. It does help for a while, but then the backache recurs. Patients with backache alone usually feel much better but it is the patients with backache with radiation to the leg that suffer the most. Little do they realize that the real culprit is the pressure to their nerve roots. Some of them keep developing muscle weakness without even realizing it. They are usually admitted in hospitals, where repeated X-rays are taken. Sometimes, they are put on traction also. The only benefit that traction could give is to immobilize the patient, but it is a common site to see a patient going to the toilet with his traction apparatus in his hand.

Patients with backache alone generally respond to conservative treatment. Their main problem is mechanical instability and weakness of back muscles. Various forms of physiotherapy usually aim at strengthening the muscles of the back and to relieve spasm. Tablets help in relieving pain. The problem with patients with backache and radiation is different from those who have backache alone. The fact that they have radiation indicates pressure on the nerve roots. No amount of tablets or physiotherapy will help these patients. Some get desperate and develop

neurosurgical clinic, where most of the patients have an accompanying radiation and there may be some sensory or motor deficit as well. Most of these patients have already undergone many courses of conservative treatment at different places, and so the situation is slightly different.

Onus of treating these patients rests mainly on the general practitioner who should be able to select the right patients with the right indications and to advise them accordingly. The orthopaedic surgeons generally concentrate on spinal movements and forget to examine their neurological status. The neurosurgeons mainly concentrate on patients with backache who have neurological involvement.

The Last and the Scariest Question in the Consultation Room

There are very few situations in management of patients with backache, when surgery is indicated. Patients with backache alone usually do well with conservative treatment. It is extremely rare for them to be considered for surgery. Most of the patients of backache with radiation can be managed conservatively, but some of them keep recurring quite frequently. Even in these cases surgery is not absolutely indicated. They should be given a choice, till one day, they get tired of pain and disruption in activities of daily life and request for surgery themselves. The last category of patients, have backache and radiation and a sensory or motor deficit (weakness). This category must be considered for surgery. It is the responsibility of every doctor concerned with management of backache at any stage, to recognize this category as early as possible and to refer it to a neurosurgeon, since a delay would only make deficits worse. Patients with their backs bent sideways (scoliosis) along with sciatica should also be considered for surgery. Any patient with backache who develops a bladder involvement (difficulty in passing urine) must be investigated and operated on an emergency basis. A day's delay normally delays recovery by a month.

It must be remembered that the surgeon generally decides to operate only when all other measures fail. In most cases it is the totality of the situation that leads the surgeon to decide. The indications vary from patient to patient and from surgeon to surgeon.

Surgery scares every one. It is a stressful situation. When faced with the possibility, most patients behave differently. The commonest question is that if I get operated, will I be paralysed? It is generally not a question