

27 YEAR OLD MAN WITH TWO LUMBAR DISCS HERNIATED WHO FAILS TO GRASP THE SIGNIFICANCE OF SUCH FINDINGS TO HIS LIFE. WE ALL ARE IN THIS SITUATION ALL TOO OFTEN!

This is a case of a 27 year old, white, Hispanic male who is seen for the chief complaints of right lower extremity pain extending into the posterior thigh and calf as well as the lateral and anterior leg to the dorsum of the foot. History shows that this pain started while he was in college playing baseball. At this time the deep tendon reflexes at the ankle and knee are plus 2 and equal, no motor weakness is seen; however, the straight leg raise on the right side is positive at 20 degrees with a very strong Braggard sign.

The MRI shows degenerative disc disease at both the L3, 4 and L4, 5 levels with both demonstrating disc protrusions on sagittal images that do at the L4-L5 level contact the cauda equina and creates spinal stenosis. See Figure 1. This is not as noticeable at the L3-L4 level, but is certainly seen.



Figure 1. Note the disc degeneration at the L3 and L4 levels with loss of signal intensity on this T2 weighted sagittal image in a 27 y/o male. Stenosis is marked at the L4-5 level due to the large disc herniation and a high intensity zone is seen in the superior posterior L4-L5 disc herniation.

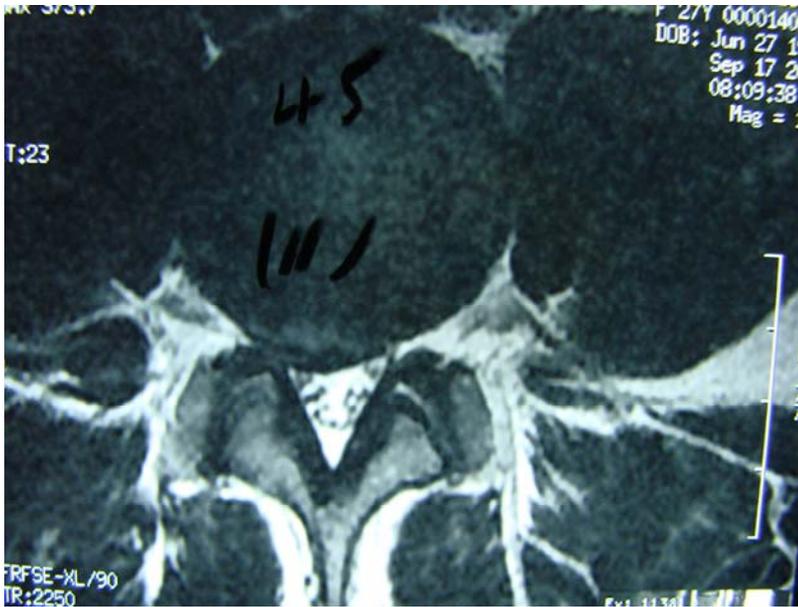


Figure 2. Note the right paracentral L4-5 disc herniation with the high intensity zone within. This hernia does occlude the right lateral recess and osseoligamentous canal to compress the L5 nerve root and contact the cauda equina.

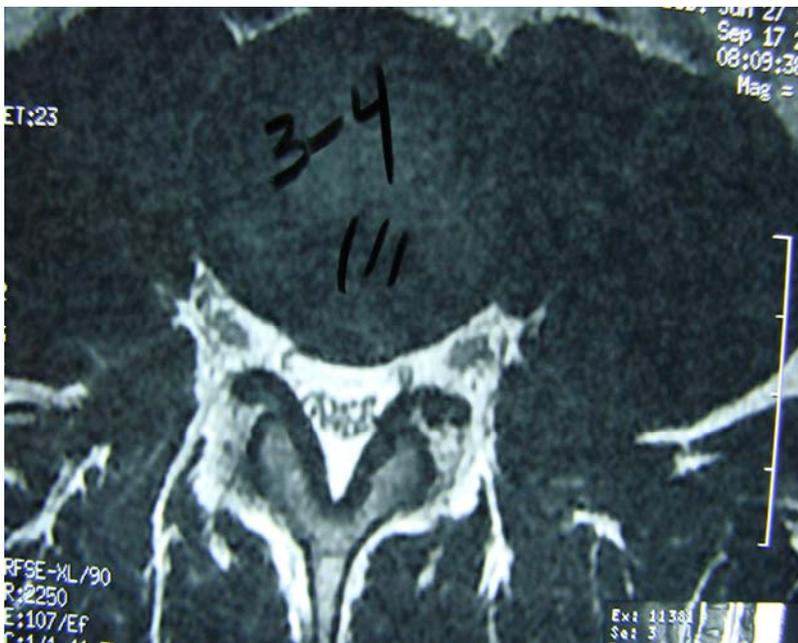


Figure 3. Note the L3-4 disc herniation, central, that does contact the thecal sac but the exiting L3 dorsal root ganglia are well visualized.

The Axial image at L4-L5, Figure 2, certainly shows a central and right paracentral disc herniation that does occlude the right osseoligamentous canal and the L5 nerve root is not visualized at this level. Please note that the L3- L4, Figure 3, level does not show far lateral disc herniation or stenosis, but does show a central disc herniation that does contact the cauda equina.

TREATMENT PLAN

Treatment on 9/18/07 will consist of daily flexion distraction decompression Cox® protocol I adjusting. The patient will be applying ice to the L3 and L4 disc levels extending into the right posterior hip muscle group and sciatic nerve. A back brace will be worn due to the amount of sitting this patient does. He is advised to limit sitting as much as possible. Patient will be taking 4 Discat Plus capsules (Perna Canaliculus source of chondroitin sulfate) at breakfast and at bedtime. He will start on the first three exercises, namely stabilization of the lumbar spine.

We will expect to completely resolve the lower extremity pain, but the interesting thing in this case will be that this patient must maintain due diligence for the rest of his life to maintain good spine health. That will require constant exercise, practicing ergonomics as taught in back school, and understanding that this spine will never be 100 percent cured. Through such mutual effort on the part of both doctor and patient, maximum chiropractic improvement will be attained and maintained. Certainly an interesting case on a 27 year old to already show this degree of disc disease...

UPDATE ON 11-6-07

This patient gained over 50% relief of his right lower extremity pain and low back pain and due to work and financial restraint, postponed further care. I talked with him via telephone two times in gaining his written permission to submit his case for research study. Talking with him he understands he needs further care and will continue when he feels he can. *Do you ever have patients like this?* Of course, we all do. Unfortunately for this patient, he will be back to us or another chiropractor, therapist, or surgeon in the future. In my observation, this spine is pain waiting to erupt.

Sincerely submitted,
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11/28/07



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