

Back pain differential diagnosis

The first objective is to rule out a visceral disorder or a serious potentially life-threatening condition, which occurs in 2.7% of the cases ¹⁾.

Back pain may be the manifestation of thoracic involvement as in esophageal disease, pleurisy, aortic aneurysm, or coronary heart disease, or an abdominal process, such as gastrointestinal ulcer, gastric cancer, pancreatic cancer, pancreatitis, or biliary pathology.

Non-vertebral causes such as the presence of [gallstones](#) should be considered in patients with back pain. Physicians should be aware of atypical manifestations of common diseases, so as to avoid diagnostic delays. Gallbladder disorders should be taken into account in patients with dull, undefined right back pain, despite a normal physical examination. Abdominal ultrasound should be chosen as the first diagnostic procedure when considering gallstones, since CT scans have a very low sensitivity for their detection. In a patient with a typical clinical report of biliary colic and a negative abdominal ultrasound, an endoscopic ultrasound may be carried out in order to rule out biliary microlithiasis. ²⁾.

¹⁾

Murphy DR, Hurwitz EL. Application of a diagnosis-based clinical decision guide in patients with low back pain. *Chiropr Man Therap*. 2011;19:26

²⁾

Bobé-Armant F, Buil-Arasanz ME, Trubat-Muñoz G, Llor-Vilà C, Vicente-Guillen V. Cholelithiasis presented as chronic right back pain. *J Family Med Prim Care*. 2014 Oct-Dec;3(4):458-60. doi: 10.4103/2249-4863.148150. PubMed PMID: 25657967; PubMed Central PMCID: PMC4311366.

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Last update: **2024/06/07 02:59**

