

Facet Joint Arthropathy

Facet joint arthropathy is a degenerative condition affecting the zygapophyseal (facet) joints of the spine, often contributing to chronic axial pain, especially in the cervical and lumbar regions.

Pathophysiology

Facet joints are synovial joints prone to wear and tear due to repetitive mechanical stress and age-related degeneration. Arthropathy involves:

- Cartilage degeneration
- Subchondral bone sclerosis
- Osteophyte formation
- Joint space narrowing
- Synovial inflammation

These changes lead to **nociceptive pain** from the richly innervated joint capsule and surrounding structures.

Clinical Presentation

- Axial pain (neck or low back)
- Worse with **extension, rotation, prolonged standing**
- May mimic radiculopathy but without dermatomal distribution
- Pain often improves with flexion or sitting

Diagnosis

Clinical Exam

- Localized paraspinal tenderness
- Pain reproduced with extension/rotation

Imaging

Modality	Findings
MRI	Joint effusion, osteoarthritis signs, adjacent edema
CT	Bone detail: osteophytes, sclerosis, hypertrophy
SPECT/CT	Identifies metabolically active (painful) joints

Diagnostic Injections

- **Medial branch block** (MBB) – anesthetic near the medial branch nerves

- **Intra-articular injection** – direct steroid/anesthetic into the facet joint
- Positive response supports diagnosis

Management

Conservative

- NSAIDs
- Physical therapy (core strengthening, posture)
- Activity modification

Interventional

- **MBB** (diagnostic and therapeutic)
- **Intra-articular steroid injection**
- **Radiofrequency ablation (RFA)** – long-lasting denervation of medial branches

Surgical

- Rarely needed
- Consider **facet resection** or **spinal fusion** in unstable or refractory cases

Key Points

- Common source of axial spinal pain in adults
- Often underdiagnosed; imaging alone may be insufficient
- SPECT/CT can identify active facet joint involvement
- RFA provides long-term relief in selected patients

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