

Facet joint syndrome

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Ghormley originally used the phrase '[facet joint syndrome](#)' to depict [back pain](#) caused by pathology at the [facet joints](#) ¹⁾).

The facet syndrome is not a reliable clinical diagnosis ²⁾.

[Facet joint osteoarthritis](#) (OA) is the most frequent form of facet joint syndrome.

Classification

[Cervical Facet joint syndrome](#)

[Lumbar Facet joint syndrome](#)

Epidemiology

[Lumbar facet joint syndrome](#) (LFJS) is the cause of [low back pain](#) in 15-54% of the patients.

[Cervical facet joint syndrome](#)

Diagnosis

Medical history, referred pain patterns, physical examination, and diagnostic imaging studies

(standard radiographs, magnetic resonance imaging, computed tomography and single-photon emission computed tomography) may suggest but not confirm lumbar facet joint syndrome as a source of low back pain (LBP). However, the diagnosis and treatment of facet joint syndrome is still controversial and needs further study. It is widely acknowledged that block with local anesthetic is perhaps the most effective method to establish a diagnosis of pain from LFJ. Particularly, there are different rates of success among different populations selected for diagnostic block with various positive criteria.

Perhaps the most definitive diagnosis of facet joint pain can be made by a [facet block](#),

Relief of the acute or chronic problem during the time of action of this combination of drugs is diagnostic.

Treatment

Currently, in addition to conservative treatments for pain such as painkillers, functional exercises, and massage, there are many other methods, including [block](#), [denervation](#) of the nerves that innervate the joints by [radiofrequency](#), freezing or endoscopy, and injections. Due to the limited duration of pain relief from neurolysis of medial branch, many scholars have recently turned their targets to dorsal roots and LFJ capsules.³⁾

Surgical treatment options for these symptoms revolve around decompression of the compressed neural elements. Fusion would also be done if needed for any underlying or resultant instability⁴⁾

¹⁾

Ghormley RK. Low back pain with special reference to the articular facets, with presentation of an operative procedure. JAMA 1933;101: 773

²⁾

Jackson RP. The facet syndrome. Myth or reality? Clin Orthop Relat Res. 1992 Jun;(279):110-21. Review. PubMed PMID: 1534721.

³⁾

Du R, Xu G, Bai X, Li Z. Facet Joint Syndrome: Pathophysiology, Diagnosis, and Treatment. J Pain Res. 2022 Nov 30;15:3689-3710. doi: 10.2147/JPR.S389602. PMID: 36474960; PMCID: PMC9719706.

⁴⁾

Nomura H, Yamashita A, Watanabe T, et al. Quantitative analysis of indirect decompression in extreme lateral interbody fusion and posterior spinal fusion with a percutaneous pedicle screw system for lumbar spinal stenosis. J Spine Surg 2019;5:266-72.

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