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Sixteen patients with a surgically proven lateral recess stenosis were studied retrospectively. Lateral recess stenosis should be suspected in patients with disabling intermittent neurogenic claudications. The neurological examination is usually unremarkable, the diagnosis is assured when the lateral recess measures less than 2 mm in height. A lateral recess of 5 mm or more rules out the possibility of a lateral recess stenosis. Surgical decompression of the lateral recess requires removal of the horizontal portion of the superior articular facet.

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