Computed tomography and magnetic resonance imaging (MRI) of the lumbar region of a 25-year-old male diagnosed with LIDH showed prolapse of the L5/S2 disc. The disc extended 1.0 cm beyond the vertebral edge and hung along the posterior vertebral edge. The patient elected a conservative treatment regimen that included traditional Chinese medicine (TCM), acupuncture, and massage. During a follow-up period of more than 12 mo, good improvement in pain was reported without complications. MRI of the lumbar region after 12 mo showed obvious reabsorption of the herniation.

A conservative treatment regimen of TCM, acupuncture, and massage promoted the reabsorption of a prolapsed disc ¹⁾.

Lumbar disc herniation in children aged 10 years or less is extremely uncommon and posterior apophyseal ring separation is not a common injury that usually occurs in adolescents or young adults after a sports-related microtraumatism. The authors report an unique case of 10-year-old boy who presented with low back pain and radiating pain on both legs. The boy received conservative treatment, which included anti-inflammatory medication, muscle relaxants, and physical therapy, but symptoms were not improved. Computed tomography and magnetic resonance imaging revealed a huge central disc herniation combined with posterior apophyseal ring separation. Microscopic lumbar discectomy with the removal of apophyseal ring separation was performed due to the intractable pain. At six months after surgery, the child was symptom free ²⁾.

1)

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