It is debatable whether a local inflammatory tissue response caused by herniated disc material contributes to pain and/or sensorimotor deficits. The impact of inflammatory changes on local tissue remodelling, the healing process and the clinical course of disease remains unclear.

Patients who suffer from disc protrusion will experience more back pain and less radicular pain as a result of stretching of the posterior longitudinal ligament. In contrast, the tension in posterior longitudinal ligament is reduced by exit of disc materials through a tear associated with disc extrusion. This may explain why patients who suffer from an extruded disc often experience a decrease or resolution of back pain, when root symptoms commence or are aggravated.

LDH is a dynamic disease and a herniated disc is not always spontaneously resorbed, in contrast to what has been reported previously. Alleviation of clinical symptoms can be achieved via conservative treatment even if the volume of the herniated disc changes. Spinal surgeons should not only present an option of initial non-surgical treatment to LDH patients but should also inform them that the LDH may change in size during daily activity or exercise ¹⁾.

1)

Seo JY, Roh YH, Kim YH, Ha KY. Three-dimensional analysis of volumetric changes in herniated discs of the lumbar spine: does spontaneous resorption of herniated discs always occur? Eur Spine J. 2014 Sep 25. [Epub ahead of print] PubMed PMID: 25253299.

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