

Spontaneous [regression](#) of lumbar disc herniation was reported occasionally. The mechanisms proposed for regression of disc herniation are still incomplete.

Hakan et al describes and discusses a case of spontaneous regression of herniated lumbar discs with a new disc protrusion in the adjacent level. A 41-year-old man was admitted with radiating pain and numbness in the left lower extremity with a left posterolateral disc extrusion at L5-S1 level. He was admitted to hospital with low back pain due to disc herniation caudally immigrating at L4-5 level three years ago. He refused the surgical intervention that was offered and was treated conservatively at that time. He had no neurological deficit and a history of spontaneous regression of the extruded lumbar disc; so, a conservative therapy, including bed rest, physical therapy, nonsteroidal anti-inflammatory drugs, and analgesics, was advised. In conclusion, herniated lumbar disc fragments may regress spontaneously. Reports are prone to advise conservative treatment for extruded or sequestered lumbar disc herniations. However, these patients should be followed up closely; new herniation at adjacent/different level may occur. Furthermore, it is important to know which herniated disk should be removed and which should be treated conservatively, because disc herniation may cause serious complications as muscle weakness and cauda equine syndrome ¹⁾.

¹⁾

Hakan T, Gürçan S. Spontaneous Regression of Herniated Lumbar Disc with New Disc Protrusion in the Adjacent Level. Case Rep Orthop. 2016;2016:1538072. Epub 2016 Jun 26. PubMed PMID: 27429818.

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