

Lumbar foraminal stenosis clinical features

- Treatment of gas-containing lumbar disc cysts via a combination of posterior and extraforaminal approaches in arthroscopic-assisted uni-portal spine surgery: a case report and literature review
- Prediction Model and Risk Factor Analysis of Adjacent Segment Disease After L4-5 Transforaminal Lumbar Interbody Fusion Through Preoperative Radiographic Features
- Lateral Lumbar Spinal Stenosis: Associations With the Oswestry Disability Index, Visual Analogue Scale, and Magnetic Resonance Imaging
- Prevalence, MRI findings, and clinical features of lumbosacral intervertebral disc protrusion in French Bulldogs diagnosed with acute thoracic or lumbar intervertebral disc extrusion
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- Demographic and Clinical Characteristics of Patients With Cervical Spine Degeneration Reveal Frequent Cervicolumbar Tandem Spinal Stenosis in Mexico
- Perioperative Clinical Features and Long-term Prognosis After Oblique Lateral Interbody Fusion (OLIF), OLIF With Anterolateral Screw Fixation, or OLIF With Percutaneous Pedicle Fixation: A Comprehensive Treatment Strategy for Patients With Lumbar Degenerative Disease
- Foraminal Stenosis at L5-S1 as an Overlooked Pathology of Bilateral Radiculopathy: A Case Series

In patients with [low back pain](#) and [leg pain](#), [lumbar foraminal stenosis](#) (LFS) is one of the most important pathologies, especially for predominant [radicular symptoms](#).

It is characterized by exacerbation with foraminal narrowing caused by [lumbar extension](#) (Kemp's sign). However, there is a lack of critical clinical findings for LFS pathology. Therefore, patients with robust and persistent leg pain, which is exacerbated by lumbar extension, should be suspected of LFS.

Lumbar foraminal neuropathy is a pathologic condition of neurovascular contents in the foramen causing radicular symptoms, which is associated with narrowed foramen. Foraminal stenosis is common in the elderly population ¹⁾, characterized by narrowing of the bony exit of the nerve root due to degenerative changes in the intervertebral discs, zygapophyseal joint, ligaments, and bony parts. The narrowed foramen causes irritation and compression of the entrapped nerve to develop inflammation and pain, as well as vascular congestion causing neurogenic claudication. Depending on the magnitude of neuroforaminal narrowing and the impact on the neurovascular contents, symptoms may vary from pain, tingling, and numbness to motor weakness and gait impairment.

Typically, it will produce symptoms that affect one side of the body – as each vertebra has two foramina (one foramen on either side), and often, only one of those openings will be narrowed. In some cases, bilateral foraminal stenosis develops, which means both vertebral foramina are constricted and both sides of the body experience symptoms.

Because lumbar foraminal stenosis manifests in the lower back, symptoms will appear in that region, such as radial pain, or radiating pain, that travels from the [lumbar region](#) to the [hips](#), [buttocks](#) and the back of one leg. Issues pertaining to numbness, tingling, weakness or cramping also can occur. In

cases of severe foraminal stenosis, patients may experience bladder or bowel dysfunction, which could indicate a medical emergency called [cauda equina syndrome](#).

Weakness in the anterior tibialis and/or extensor hallucis longus may occur in some cases of central canal stenosis at L4-5, or with foraminal stenosis of L5-1.

1)

Kalichman L, Cole R, Kim DH, et al. Spinal stenosis prevalence and association with symptoms: the Framingham Study. *Spine J.* 2009;9(7):545-550. doi:10.1016/j.spinee.2009.03.005

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