

Lumbar foraminal stenosis epidemiology

- Lumbar foraminal stenosis was associated with back pain and leg pain: epidemiological evidence from a population-based cohort
- In subjects with chronic low back pain, does neuropathia exclusively correlated to neuronal compression? A correlation study of PainDETECT questionnaire and corresponding MRI and X-ray findings
- Degenerative Lumbar Spinal Stenosis
- Prevalence of sleep disturbance in patients with lumbar spinal stenosis and analysis of the risk factors
- Perioperative Risk Factors for Early Revisions in Stand-Alone Lateral Lumbar Interbody Fusion
- Risk Factors for Symptomatic Contralateral Foraminal Stenosis After Unilateral Transforaminal Lumbar Interbody Fusion
- Percutaneous Endoscopic Lumbar Foraminotomy for Foraminal Stenosis with Postlaminectomy Syndrome in Geriatric Patients
- Do Curve Characteristics Influence Stenosis Location and Occurrence of Radicular Pain in Adult Degenerative Scoliosis?

Lumbar spinal stenosis at the lumbar intervertebral foramen is the most common type of spinal stenosis.

Patients with degenerative scoliosis frequently present with foraminal stenosis and radiculopathy, the origin of which is not well understood.

A correlation between curve types and symptomatic foraminal stenosis exists. Adult scoliosis patients with sciatic nerve pain typically present with foraminal stenosis at the concavity of the caudal fractional curve. Similarly, patients with femoral nerve pain present with foraminal stenosis at the concavity of the caudal fractional curve when the main structural curve is thoracic, thoracolumbar, or lumbar (apex L2 or higher) ¹⁾.

¹⁾

Pugely AJ, Ries Z, Gnanapragasam G, Gao Y, Nash R, Mendoza-Lattes SA. Curve Characteristics and Foraminal Dimensions in Patients With Adult Scoliosis and Radiculopathy. Clin Spine Surg. 2017 Mar;30(2):E111-E118. doi: 10.1097/BSD.0b013e3182aab1e3. PubMed PMID: 28207622.

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