

Red flags

In early management of low back pain (LBP) the identification of “red flags” (RFs) plays an important role, as this condition is highly prevalent, and advanced treatment would not be feasible in every case. These alarm signs are designed to detect serious causes requiring prompt interventions, such as malignancy, fracture, inflammation, or [cauda equina syndrome](#). Although their predictive value has been questioned, they are commonly used in clinical practice ¹⁾.

- age >70 years, or <20 yrs
- systemically ill patients
- temp >100°F (or >38° C)
- history of malignancy
- recent infection
- patients with neurologic deficits suggesting possible cauda equina syndrome (saddle anesthesia, urinary incontinence or retention, LE weakness)
- heavy alcohol or IV drug abusers
- diabetics
- immunosuppressed patients (including prolonged treatment with corticosteroids)
- recent urinary tract or spinal surgery
- recent trauma: any age with significant trauma, or >50 yrs old with mild trauma
- unrelenting pain at rest
- persistent pain for more than ≈ 4 weeks
- unexplained weight loss

Cancer or infection

[Cancer](#) or [infection](#):

[Age](#) > 50 years or < 20 years.

History of cancer.

Unexplained [weight loss](#).

[Immunosuppression](#).

[Urinary tract infection](#), IV drug abuse, [fever](#) or [chills](#).

Back pain not improved with rest.

Spinal fracture

Spinal fracture:

History of significant [trauma](#).

Prolonged use of [steroids](#).

Age > 70 yrs

Cauda equina syndrome or severe neurologic compromise

[Cauda equina syndrome](#) or severe neurologic compromise:

Acute onset of [urinary retention](#) or overflow [urinary incontinence](#).

Fecal incontinence or loss of anal sphincter tone

[Saddle anesthesia](#).

Global or progressive [weakness](#) in the lower extremities.

[Imaging](#) is important in the evaluation of patients with degenerative disease and infectious processes. There are numerous conditions that can manifest as [low back pain](#) (LBP) or neck pain in a patient, and in many cases, the cause may be multifactorial.

[Clinical history](#) and [physical examination](#) are key components in the evaluation of such [patients](#); however, physical examination has variable [sensitivity](#) and [specificity](#). Although studies have demonstrated that uncomplicated acute LBP and/or [radiculopathy](#) are self-limited conditions that do not warrant any imaging, [neuroimaging](#) can provide clear anatomic delineation of potential causes of the patient's clinical presentation. Various professional organizations have recommendations for imaging of LBP, which generally agree that an imaging study is not indicated for patients with uncomplicated LBP or radiculopathy without a [red flag](#) (eg, neurological deficit such as major weakness or numbness in lower extremities, bowel or bladder dysfunction, saddle anesthesia, fever, history of cancer, intravenous drug use, immunosuppression, trauma, or worsening symptoms). Different imaging modalities have a complementary role in the diagnosis of pathologies affecting the [spine](#).

1)

Miekisiak G, Latka D, Sobolewski T, Sulewski A, Kubaszewski L, Kaczmarczyk J. Prevalence of “red flags” among the internet user with low back pain seeking information on spinal health-a web survey. *Telemed J E Health*. 2015 Feb;21(2):120-4. doi: 10.1089/tmj.2013.0372. Epub 2014 Dec 2. PubMed PMID: 25453719.

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