

# Thoracic disc herniation diagnosis

- [Lumbar angiomatous meningioma: how to manage this rare entity? A case report](#)
- [Iceberg floating technique of ventral decompression for thoracic spinal stenosis and myelopathy: Technical note and preliminary results](#)
- [Outcomes of non-limited versus cranial-limited extensive hemilaminectomy and durotomy in dogs with thoracolumbar intervertebral disc extrusion and presumptive progressive myelomalacia](#)
- [Technique and outcomes of the trans-superior articular process approach for endoscopic thoracic discectomy](#)
- [Thoracic disc herniations: diagnosis, surgical techniques, and complication insights](#)
- [Sagittal alignment of the spine and lumbar disc herniation in young adults: A historical, case-control study](#)
- ["Floating Island" Technique: Case Series of a Novel Technique for Surgical Management of Interdigitating Calcified Thoracic Disc Herniations](#)
- [Minimally Invasive Lateral Approach for Calcified Thoracic Disc Herniations: Technical Considerations and Outcomes Review](#)

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[Thoracic disc herniations](#) are rare and difficult to diagnose.

The first step in diagnosing a [Thoracic disc herniation](#) always includes a good patient [medical history](#) and [physical examination](#).

Location of the pain

Severity of the pain

Type of pain (numbness, weakness, burning, etc.).

The physician will often follow up by learning if any injuries occurred prior to the thoracic back pain or if any other problems (weight loss, fevers, illnesses, difficulty urinating) were recently present before the upper back pain. The physician will then perform a physical examination.

[Myelopathy](#) is a potential consequence that can lead to irreversible neurological impairment if not treated appropriately. It is incumbent on all clinicians who see patients with low back pain (LBP) to be aware of such pathologies.

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If a thoracic herniated disc is suspected as the underlying cause of the pain, there are several diagnostic tests that can confirm the diagnosis and provide additional information, including:

X-rays – While plain x-rays will not show a thoracic herniated disc, they may be used to help localize injuries in cases of trauma as well as aid in identifying spinal instability.

# Magnetic resonance imaging

[Thoracic disc herniation magnetic resonance imaging.](#)

## Computerized tomography

- [Thoracic disc herniations: diagnosis, surgical techniques, and complication insights](#)
- [Surgical Treatment of Calcified Thoracic Herniated Disc Disease via the Transthoracic Approach with the Use of Intraoperative Computed Tomography \(iCT\) and Microscope-Based Augmented Reality \(AR\)](#)
- [Technical Notes and Clinical Outcomes of Full-Endoscopic Interbody Fusion Via Transforaminal Approach for Hard Disc Herniations in Thoracolumbar Junction](#)
- [Material sensitivity of patient-specific finite element models in the brace treatment of scoliosis](#)
- [iCT Navigation for Transpedicular Screw Fixation in the Thoracolumbar Spine: Experience in 100 Consecutive Cases](#)
- [Intercostal lung herniation; a rare complication after mini-transthoracic approach \(TTA\) for thoracic disc herniation. Two case reports and review of literature](#)
- [Solitary bone plasmacytoma of spine with involvement of adjacent disc space: A case report](#)
- [Ossification of the posterior longitudinal ligament located on the concave side of the apex vertebra in adult spinal deformity](#)

Noncontrast thoracic [Computerized tomography](#) should be routinely obtained to determine if it is a “[soft disc](#)” (noncalcified) or a “[hard disc](#)” (calcified) which can have a profound effect on the choice of approach and the removal technique. CT also delineates the bony detail which is helpful if instrumentation is needed.



A [systematic review](#) illustrates that lumbar provocation [discography](#) performed according to the [International Association for the Study of Pain](#) (IASP) criteria may be a useful tool for evaluating chronic lumbar discogenic pain. The evidence is weaker for cervical and nonexistent for thoracic discography <sup>1)</sup>.

<sup>1)</sup>

Manchikanti L, Soin A, Benyamin RM, Singh V, Falco FJ, Calodney AK, Grami V, Hirsch JA. An Update of the Systematic Appraisal of the Accuracy and Utility of Discography in Chronic Spinal Pain. *Pain Physician*. 2018 Mar;21(2):91-110. PubMed PMID: 29565943.

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