Thoracic nerve root

Thoracic nerve roots are structures that exist in pairs in the thoracic spine (middle back) and help transmit information between the brain and the nerve endings in the torso, middle back and inner arms.

These nerve roots branch off the spinal cord in the thoracic spine and extend out of the spinal canal through openings in the vertebrae called foramina. While nerve compression in the thoracic spine is less common than in the cervical (neck) or lumbar spine (lower back) segments, the close proximity of the nerve roots to the discs and vertebrae of the spine make nerve compression a possibility if a degenerative spine condition develops.

Should one of the 12 thoracic nerve roots, known as the T1-12 nerve roots, become compressed, regular function may be interrupted and numerous symptoms may follow. Several types of degenerative spine conditions can cause nerve compression in the thoracic nerve roots, including:

Degenerative disc disease

Spinal stenosis

Facet disease

Traumatic injury

Treatment

In most cases, the symptoms associated with compressed thoracic nerve roots can be managed with a conservative treatment plan over the course of several months.

However, if spine surgery becomes necessary, contact Laser Spine Institute. Our minimally invasive spine surgery has several advantages over traditional open back surgery, including a safer and more effective procedure, shorter recovery time^ and lower risk of complication and infection.

To find out if one of our minimally invasive spine surgeries is the best treatment option for you, contact us today and ask for a review of your MRI report or CT scan.

Lopez et al., report the case of a 28-year-old woman with a spontaneous cerebrospinal fluid leak from the sleeve of a redundant thoracic nerve root. She presented with postural headaches and orthostatic symptoms indicative of intracranial hypotension. CT myelography revealed that the lesion was located at the T-11 nerve root. After failure of conservative management, including blood patches and thrombin glue injections, the patient was successfully treated with surgical decompression and ligation of the duplicate nerve, resulting in full resolution of her orthostatic symptoms [1].

1)
Lopez AJ, Campbell RK, Arnaout O, Curran YM, Shaibani A, Dahdaleh NS. Spontaneous cerebrospinal fluid leak from an anomalous thoracic nerve root: case report. J Neurosurg Spine. 2016 Dec;25(6):685-688. PubMed PMID: 27367938.