Upper Lumbar Disc Herniation

see also Thoracolumbar disc herniation.

Upper lumbar discs have been reported as only L1-L2 and L2-L3 by some authors, and by others as T12-L1, L1-L2, and L2-L3.

Most previous studies of upper lumbar disc herniations included the L1-L2, L2-L3, and L3-L4 levels. Upper lumbar disc herniations have been reported to occur with a frequency of less than 5% of all disc herniations.

Among these reported cases, herniations at the L3-L4 level comprise 70-83% of all upper lumbar disc herniations.

However, the anatomical characteristics of L3-L4 discs are more similar to lower levels, and its surgical outcome is significantly different from that of L1-L2 and L2-L3. Therefore, the L3-L4 level might be excluded from the upper lumbar disc. Incidence of herniated upper lumbar discs defined as only L1-L2 and L2-L3 are known to comprise approximately 1 to 2% of all herniated lumbar discs ¹⁾.

Case reports

A 60-year-old male presented with a complaint of pain at his lower back and right lower limb. The patient received 3 mo of conservative treatments but the symptoms were not alleviated. Physical examination revealed a positive femoral nerve stretch test and a negative straight leg raise test for the right leg, and the preoperative visual analog scale (VAS) score for the lower back was 6 points and for the right leg was 8 points. Magnetic resonance imaging (MRI) demonstrated L2-L3 disc herniation on the right side and the herniated nucleus pulposus migrated to the upper margin of L2 vertebral body. According to physical examination and imaging findings, surgery was the primary consideration. Therefore, the patient underwent surgical treatment with two-level PELD. The pain symptom was relieved and the VAS score for back and thigh pain was one point postoperatively. The patient was asymptomatic and follow-up MRI scan 1 year after operation revealed no residual nucleus pulposus.

Two-level PELD as a transforaminal approach can be a safe and effective procedure for highly migrated upper lumbar disc herniation ²⁾

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2941853/

Wu XB, Li ZH, Yang YF, Gu X. Two-level percutaneous endoscopic lumbar discectomy for highly migrated upper lumbar disc herniation: A case report. World J Clin Cases. 2020 Jan 6;8(1):168-174. doi: 10.12998/wjcc.v8.i1.168. PubMed PMID: 31970183; PubMed Central PMCID: PMC6962078.

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Last update: 2024/06/07 02:53