Degenerative lumbar spine disease

Background

Degenerative lumbar spine disease (DLSD) is a disorder of the spine, with or without neural compression or population. Imaging evidence of DLSD is present in up to 90 percent of those over the age of 70. The condition is often asymptomatic, but may present with symptoms such as pain, weakness, numbness, and tingling in the lower extremities.

Diagnosis of degenerative lumbar spine disease

The primary symptom of DLSD is low back pain. The pain may radiate down the legs and can be accompanied by numbness, weakness, and tingling. Other symptoms may include muscle spasms and stiffness.

Management of degenerative lumbar spine disease

Management of DLSD requires a multidisciplinary approach, involving specialists in spine surgery, neurology, and rehabilitation. Treatment may include medication, physical therapy, and surgery. In some cases, spinal fusion surgery may be necessary to stabilize the spine and relieve pain.
In patients with DLSD and radicular pain, conservative measures are usually sufficient to improve the symptom in six to eight weeks. If severe pain persists beyond this time, or if a motor neurological deficit, such as a foot drop, is present, serious consideration should be given to surgery. The timing of surgery is particularly important if neurological recovery is to be achieved. The aim of surgery is to decompress the neural elements and the most common operations performed are lumbar laminectomy and lumbar microdiscectomy. The recent development of endoscopic microdiscectomy technique allows day-case local anaesthetic surgery with the additional benefit of excellent cosmetic results. Spinal cord stimulation remains an effective treatment in patients with severe pain especially if pain persists despite decompressive surgery.

**Prognosis of degenerative lumbar spine disease**

The prognosis of patients with DLSD depends on the underlying diagnosis, delivery of prompt treatment and psycho-socio-economic factors. Well motivated patients with a good social support network are more likely to recover well and resume work. Despite all the treatment available, some 10 percent of patients become chronically disabled, especially with back pain. In others, conservative and surgical measures are effective in improving the symptoms. Spinal stenosis and radicular pain respond well to surgery with up to 90 percent pain relief. When motor weakness is present or in patients with cauda equina syndrome, the timing of surgery is crucial in determining any neurological recovery with the best results seen in patients operated within 48 hours of presentation. The prognosis for recovery of sensory deficits such as numbness and paraesthesia is less predictable.

For further information about our services please contact our GP Liaison Team on +44 (0)20 7460 5973.