Review Article

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Degenerative Lumber Spondylosis: An Educational Radiographs and Expert Therapeutic Recommendation

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Abstract

Background: *Spondylosis or degenerative spondylosis which is also called spinal osteoarthritis osteoarthrosis is a disorder characterized by degeneration of the joints of the spine. Clinical the condition presents with low back pain of variable severity and the diagnosis is confirmed by X-ray.*

Patients And Methods: *A man who was born in 1967 presented with acute lumbago, lower back pain that was associated with restriction of movement because of pain.*

Results: *At about the age of 55 years, a diabetic and hypertensive presented with acute lumbago, lower back pain that was associated with restriction of movement because of pain. The pain occurred suddenly while standing and was not associated with lifting a weight. Physical examination revealed no neurologic deficit. Because of the sudden onset of the condition, and the association with painful mobility radiographs of the lower spine was performed and showed loss of the normal lordosis, marginal osteophytosis, subchondral sclerosis, and mild narrowing of the L4-L5 space. A radiologic diagnosis of degenerative spondylosis was made.*

Conclusion: *In the case of degenerative lumbar spondylosis presenting with acute lumbago, the current expert opinion recommends the addition of low dose baclofen to the analgesic-anti-inflammatory medication, based on the evidence provided by Migliorini et al and Dapas et al. Supplementation with collagen and hyaluronic acid is recommended for few months with aim of improving the degenerative process, based on the evidence provided by Giacomo Farì and his research group.*

Keywords: Degenerative Spondylosis, Acute Lumbago, Educational Article, Expert Opinion.

Introduction

Spondylosis or degenerative spondylosis which is also called spinal osteoarthritis osteoarthrosis is a disorder characterized by degeneration of the joints of the spine. Clinical the condition presents with low back pain of variable severity and the diagnosis is confirmed by X-ray [1-3].

Patients And Methods

A man who was born in 1967 presented with acute lumbago, lower back pain that was associated with restriction of movement because of pain.

Results

At about the age of 55 years, a diabetic and hypertensive presented with acute lumbago, lower back pain that was associated with restriction of movement because of pain. The pain occurred suddenly while standing and was not associated with lifting a weight. Physical examination revealed no neurologic deficit. Because of the sudden onset of the condition, and the association with painful mobility radiographs of the lower spine was performed (Figure-1) and showed loss of the normal lordosis, marginal osteophytosis, subchondral sclerosis, and mild narrowing of the L4-L5 space. A radiologic diagnosis of degenerative spondylosis was made.

Initially, the patient was treated with oral diclofenac (Olfen) 50 mg daily, paracetamol. Oral baclofen was used in low dose, 10 mg once daily at night to avoid the occurrence of undesirable side effects, based on the evidence provided by Migliorini et al and Dapas et al and treatment was associated with a beneficial effect on pain and mobility [4, 5].

Supplementation with collagen and hyaluronic acid was recommended for few months with aim of improving the degenerative process, based on the evidence provided by Giacomo Farì and his research group [6].

Figure-1A: Radiographs of the lower spine showed loss of the normal lordosis, marginal osteophytosis, subchondral sclerosis, and mild narrowing of the L4-L5 space

Figure-1B: Radiographs of the lower spine showed loss of the normal lordosis, marginal osteophytosis, subchondral sclerosis, and mild narrowing of the L4-L5 space

Figure-1C: Radiographs of the lower spine showed loss of the normal lordosis, marginal osteophytosis, subchondral sclerosis, and mild narrowing of the L4-L5 space

Discussion

Degenerative spondylosis is a well recognized condition as early as the year 1900 [1].

In 1923, Claude Gouldesbrough described the radiographic features of the condition which include early appearance of a small spike on the lateral borders of the articular margins of the spinal vertebrae [2].

Seichi (2014) emphasized that lumbar degenerative spondylosis is a chronic, non-inflammatory disorder resulting from degeneration of multi-factorial etiology of lumbar disc and/or facet joints and in most patients, symptoms improve with treatment with non-steroidal anti-inflammatory drugs [3].

Migliorini et al (2021) emphasized that the available scientific evidence suggest that baclofen and non-steroidal anti-inflammatory drugs can improve pain and disability in patients with low back pain [4].

The use of baclofen in the treatment of acute low-back pain has been suggested as early as the 1980s.

Dapas et al (1985) reported a double-blind placebo-controlled study which showed that baclofen was safe, effective, and well-tolerated when used in the treatment of acute low-back pain syndrome [5].

Recently, Giacomo Farì and his research group suggested that oral visco-supplement which includes collagen peptides, hyaluronate, and other ingredient represents a new treatment option in degenerative spondylosis [6].

In this case, Olfen was considered the preferable anti-inflammatory medication bases on the evidence provided by [7].

Conclusion

In the case of degenerative lumbar spondylosis presenting with acute lumbago, the current expert opinion recommends the addition of low dose baclofen to the analgesic-anti-inflammatory medication, based on the evidence provided by Migliorini et al and Dapas et al. Supplementation with collagen and hyaluronic acid is recommended for few months with aim of improving the degenerative process, based on the evidence provided by Giacomo Farì and his research group.

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Conflict of Interest: None.

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