

Therapeutic approach in a patient with spinal disc herniation

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Introduction

Sequestered fragment of the IV discs usually migrated caudally, but rarely can and proximal. The fragmented disc is actually a torn part of the IV disk placed in the spinal canal. IV disc has no blood vessels and the exchange of matter is carried out by diffusion.

Aim

The purpose of the study is to demonstrate the complex therapeutic approach in patients with sequestered IV discus.

Materials and methods

The examination involves a patient at the age of 60 who complains of severe pain in the lumbar area and pain along the right leg. The patient has an antalgic posture because of the tightening of the musculature by the herniated discus. It has an impaired movement and a weakened sense of touch on the right leg. Pseudolaseque is + at 30 ° to the right. The following diagnostic methods have been applied: laboratory examination of the clinical picture, sedimentation, CRP, Alkaline phosphatase, native radiography of the L-S spine, MRI on L-S on the spine. The MRI of the L-S spine shows a disc herniation with sequestration at L-4 L-5 level with a disc herniated from the dorso-medio lateral direction, right with compression of the dural sac and right radix. There is also a disc hernial degree 1 at the level L-5 S-1. Degenerative changes in the vertebral bodies and IV discs of the described levels are registered. The spinal canal at these levels is reduced by hypertrophy of the facet joints and the ligament flea.

Results

After the applied medical and non-medicated physical therapy symptoms have been disappeared.

Conclusion

Experience shows that by the time the herniated discus is decreasing. This is due to the fibrovascular tissue that is created around the herniated, ie the free fragment of the disc. Proper therapeutic approach for patients with disc herniation and the application of complex drug treatment and physical therapy leads to disappearing of symptoms.

Key words: spinal disc herniation, sequestered fragment, therapy