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Editorial

Low Back Pain

What a non-specific term. Yet, we carry out so many 'scientific' studies with the implication that we know the cause of the pain. This assumption is, of course, absurd!

The notion that a structural aberration is, per se, the obvious problem, is pervasive among our surgical colleagues, and others. The improvements in technology, i.e. MRI, have lent credence to the image lovers, but have only compounded the confusion about the source of the discomfort.

Another widely held, but totally misinterpreted (in my opinion) manuever to localize pain, is the discogram. The physician injects material into the disc while the patient is awake. If the patient complains of a similar sensation to the complaint, then the physician assumes the disc is the offender and proceeds to schedule the surgery. I liken this to the result of cutting off one of three legs on a three-legged stool. Any of the three would result in a like consequence.

Isn't it illogical to fuse a segment of the lumbar spine for a pain complaint? This was proven to be largely useless 20 years ago when it was routinely done along with disc removal. Any kinesiologist could project the failure of a segment above the fusion after 1 or 2 years.

Earnestly speaking, we cannot identify the specific anatomic or physiologic site of the pain locus. Even in frank disc herniation, the cause of pain is usually an inflamed nerve root (or more accurately, spinal nerve). We should, therefore, treat this problem as an inflammatory lesion and not, as most primary care physicians do, with muscle relaxants and narcotics.

Our Agency for Health Care Policy and Research practice guidelines #14 clearly state that many experts advise that 'muscle spasm' is nonexistent and simply a synonym for pain.

Pain is a nociceptive impulse which, when reaching the cortex, is modified by our previous experience, culture, the perception of the cause of the pain, the state of the CNS and our activity at that moment. Psychosocial factors play an extraordinarily important role. One of my former residents and I recently surveyed a group of industrial injured workers, who had applied for permanent disability benefits. We found the majority of these workers had a member of the family who was already totally disabled with low back pain (many had 3–4 surgical procedures). This either makes low back pain a social disease or perhaps a contagious disease (I favor the latter).

For example, how many football players have completed the game with a fracture of a bone in the leg or foot? As we have opined many times, winners celebrate and losers hurt.

Low back pain is the least defined of all complaints and should be approached with caution, especially when holding a scalpel. Please don't say 'microdiscectomy or even chymopapaine'. Both

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leave a void for a disc space or the rest of the nucleus pulposa to irritate the spinal nerve.

Until we diagnose the specific cause of low back pain more accurately, the literature will continue to overflow with inconsequential and trivial reports having little effect on rational treatment with meaningful outcomes.

There is plenty of work ahead!!

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