L5S1 FREE FRAGMENT

UPDATE to case is on page 3

A 43-year-old white female is seen for the chief complaint of right leg pain. She states that in November 2005 she had low back pain, but now she only complains of right leg pain. The pain intensity is a 10 on the VAS scale. She has been to a chiropractor for side posture adjusting, and with no help he recommended an epidural steroid injection. Instead, she chose to see us for further chiropractic care.

Her straight leg raise is positive at 60% on the right side, and the same is true of the sitting Bechterew. The deep tendon reflexes of both lower extremities are plus 2 and there is no sign of motor weakness.

MRI shows a large free fragment of nuclear material lying posterior to the L5-S1 disc space. This is appreciated on both the sagittal and axial views that are shown. See figures 1 and 2. Note also how the free fragment has migrated posterior to the S1 segment and displaces the cauda equina rather markedly. This fragment measures over 15mm in length and 8mm in width.

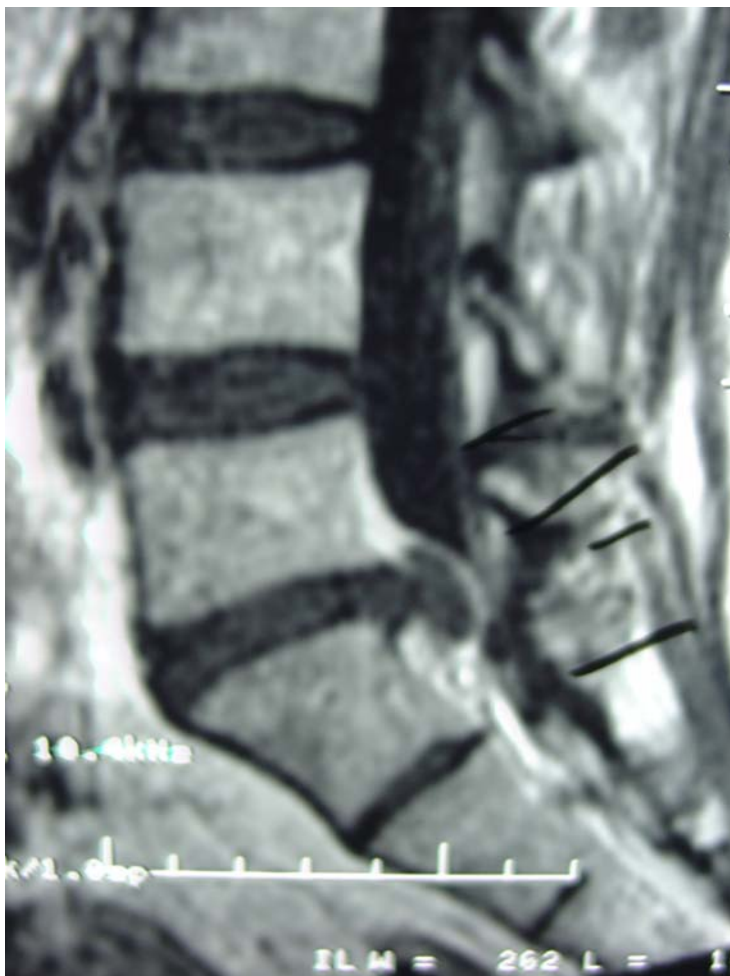

Figure 1: Note large free fragment (sequestration) at the L5-S1 level that markedly contacts the thecal sac.

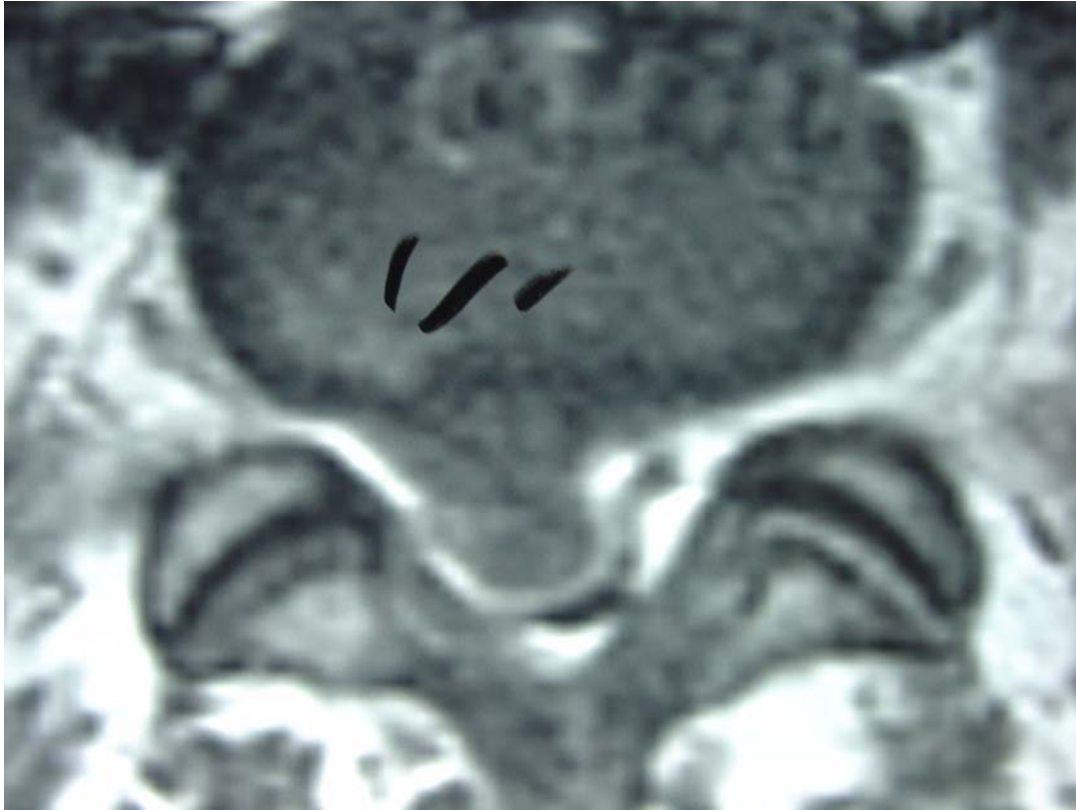

Figure 2: Axial image shows the large right sequestered fragment contacting the thecal sac.

Now, to look at this condition one might think this very large disc, in a patient with only leg pain, diagnosed as a non-contained free fragment, would be very resistant to manipulation relief. Note how easily this case responded. This patient was treated 6 times with reduction of pain from a 10 to pain from 0-2, mostly a 0.

No follow up MRI was done, but would certainly be of interest. The treatment consisted of protocol 1 flexion distraction decompression treatment of the L5-S1 disc space followed by positive galvanism into the free fragment and para vertebral muscle stimulation with tetanizing current. She was given Discat Plus, 4 at breakfast and 4 at bedtime, and given exercises 1-3 on the Cox® Exercise Program until the leg pain alleviated and now does the first 5.

This is an excellent case of what looks like a very difficult large free fragment, which yields very quickly and nicely to flexion distraction decompression manipulation. Literature teaches us there is poor correlation between MRI findings and clinical findings. A further less is that the patient sought a second chiropractic opinion and care after the first chiropractor couldn't relieve her pain and referred her to medical doctors.

Sincerely yours,

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1-23-07
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Interest in this case prompts me to issue an update…

Some doctors seemed incredulous that this case could be successfully treated with manipulation. Therefore, a five-month follow-up telephone interview resulted in written permission from the patient to update you on her progress.

5 MONTH PROGRESS: ***At five months post manipulation with Cox® flexion distraction decompression, she is pain-free.***

Several questions seem to arise from this case:

1. She sought side posture adjusting from a colleague in my city which was unsuccessful. He then referred her for epidural steroid injections. The patient learned of my work and came to me with successful outcome. *Why does another chiropractor not refer to a colleague with a different approach which in this case helped the patient?*
2. Free fragments, once thought to be surgical cases, are show by authors such as Komori (Spine 21(2) — Phagocytes can resorb sequestered or extruded disc herniation fragments), to respond better than contained discs as long as they are not totally subligamentous.
3. Some chiropractors tell me they will not accept a case like this. Why?
4. This is an example of the type patient who potentially absorbs 95% of the cost for back treatment if they become chronic. *Do you think it is prudent to treat them and teach them via back school how to protect and prevent future back pain?*
5. *Do you think it is an asset for our profession to successfully treat such cases as this*?
6. Not that there is anything wrong with it if the doctor chooses, but why do some chiropractors not see the epidemic of back pain at their doorstep asking for help?

Your reply(ies) to these thoughts will be published in a subsequent case report follow-up.

Thank you,
James M. Cox, D.C., D.A.C.B.R.