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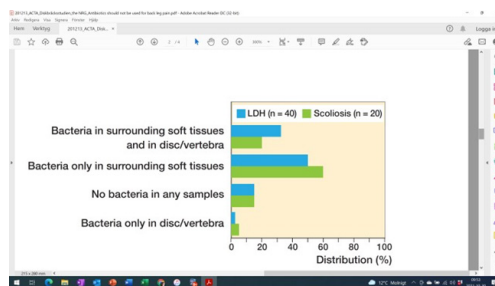
Antibiotics should not be used as treatment for CLBP, irrespectively of Modic changes

Statement of the Problem: It has been suggested that patients suffering from Chronic Low Back Pain (CLBP) and having Modic changes 1 (MC1=inflammation) on MRI, could benefit from long time treatment (three months) with broad-spectrum antibiotics. WHO has described antibiotic resistance as one of the biggest future threats against human health. The use of especially broad-spectrum antibiotics in “new indications” should therefore be questioned. As LBP, chronic (≥ 3 months) or not, is one of the most common human disorders, it is therefore serious if antibiotics are used without sufficient scientific evidence.

The purpose of this study: Research groups in Sweden, Denmark, and Norway have independently conducted studies from 3 different perspectives, but with a focus on the same basic questions: is there a causative link between Modic changes, back pain, and bacteria. The studies, all published during 2019, conclude that antibiotics should not be used for back/leg pain unless there is a clinically relevant infection in the disc/vertebra (Discitis/Spondylitis).

Methodology & Theoretical Orientation: In the Danish study patients with CLBP with and without MC1 were followed. Patients with MC1 at study had no more back pain after 13 years. In the Norwegian multicenter study⁵, there were no relevant differences in outcome after 2 years in patients with CLBP and treated with broad-spectrum ab compared to a control group. In a Swedish clinical study comparing findings of bacteria in patients operated on for LDH (mean age 43) and scoliosis (control group mean age 17), there was no difference between the groups, meaning that findings of bacteria in discs during surgery are probably due to contamination.

Significance and conclusion: If no clinical infection, patients with CLBP, with or without MC1, should not be treated with antibiotics. The rising problem with antibiotic resistance makes this very important.



Biography

Peter Fritzell is a Spine Surgeon and for over twenty years the Register Manager of the Swedish National Quality Spine Register, Swespine. He is engaged as a tutor and researcher at Futurum Academy in Health and Care in Jönköping, and RKC Spine Center in Stockholm, Sweden. He is an Associate Professor in Orthopaedics at Uppsala University.

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