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Role of epidural steroid plus local anaesthetic in lumbar canal stenosis in older adults

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Statement of problem: Lumbar canal stenosis (LSS) is one of the most commonly diagnosed and treated pathologic conditions affecting the spine. Prevalence of acquired, degenerative LSS ranges from 16.8 – 29.1%. 1 LSS causes significant disability in elderly. Epidural steroid with local anaesthetic is less invasive, safer, and more cost effective treatment than surgery.²

Methodology: 10 patients with evidence of LSS on MRI and significant neurological claudication and paraesthesias on history and clinical examination were selected. There was no motor deficit or bowel/bladder involvement. Patients were aged between 60 and 79 years; 3 patients were female and 7 were male. The patients were given triamcinolone with bupivacaine and lignocaine in epidural space

at level of L2-3, L3-4. Patients with motor deficit, bowel/bladder involvement, and evidence of spinal instability on x-ray, prior lumbar surgery and prior epidural injection in past 6 months were excluded. Pain was classified according to Visual Analogue Scale. Patients were evaluated at 2 weeks, 4 weeks and 12 weeks.

Findings: 8 out of 10 patients reported significant improvement in pain, 1 reported temporary decrease in pain and 1 reported no improvement.

Conclusion and significance: Epidural steroid injection is an effective treatment to improve pain and function among older adults with LSS. It has the advantage of being a day care procedure, with less comorbidity and expenditure compared to surgery.

Biography

Swaraj Sathe is an orthopedic surgeon in Kothrud, Pune, India and has an experience of 9 years in this field. He practices at Sathe Multispeciality Hospital in Kothrud, Pune, and Ruby Hall Clinic in Hinjewadi, Pune. He completed MBBS from Krishna Institute of Medical Sciences, Karad in 2009, MS - Orthopaedics from Goa Medical College, Panaji in 2013 and DNB - Orthopedics/Orthopedic Surgery from Goa Medical College, Panaji in 2014. He is a member of Indian Medical Association (IMA), Indian Orthopaedic Association and Pune Orthopaedic Society.

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