INTRODUCTION

Acute low back pain is the fifth most common reason of hospital admission. One of the major diagnostic challenges in the observation of these patients is the identification of a small subgroup with a relevant etiology, implicating a specific treatment, for their back pain (infection, fracture, malignancy/metastasis). Clinical manifestations such as fever, constitutional symptoms, neurological deficits or analgesic therapy unresponsive are warning signs for the need of a more detailed diagnostic workup. Considering the common causes of low back pain, acute disc herniations represent only a small percentage of patients with this complaint. The authors describe a case were an acute disc herniation, with a very rare location, was the cause for low back pain.

CASE REPORT

This case refers to a 49 years-old man admitted to the emergency room with 48 hour evolution of intense low back pain, radiating to the hypogastrium with no apparent precipitating factor. He had a clinical history of a fall with trauma to the lumbar spine 5 years before, and a recent diagnosis of renal lithiasis. The physical examination revealed pain in the pelvic region without peritoneal reaction and a positive renal Murphy’s sign. Laboratory tests were unremarkable. Plain radiographs of the lumbar spine showed vertebral deformation in L2, with a decreased anterior height of the vertebral body, and moderate degenerative discopathies [Figure 1]. Renal ultrasound and abdominal-pelvic CT didn’t show relevant changes. Despite the optimization of analgesia, including intravenous morphine, the patient remained very symptomatic. He was therefore hospitalized and submitted to a magnetic resonance imaging (MRI) of the lumbar spine which revealed an old fracture of L2 and a left posterior epidural lesion elongated in the vertical direction from L1-L2 to L3-L4 with an isointense content relative to the disc. After gadolinium administr-
Acute low back pain – A clinical and imaging challenge

For anatomical reasons the migration usually occurs into the anterior and lateral epidural space. Although MRI characteristics showing isointense signal and continuity with the disc may be a clue for the diagnosis, the definitive diagnosis of posterior disc herniation is difficult. There are more common lesions found in that location that can mimic the MRI findings, such as abscess, tumor, synovial/flavum ligament cyst or epidural hematoma. In this case, the previous history of trauma and the normal inflammatory markers made us raise the suspicion for disc herniation, but the final diagnosis was only possible with the direct observation during the surgery.

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FIGURE 4. Intraoperative photograph illustrating the surgical view immediately after laminectomy and flavectomy. The migrated herniated disk can be seen on the midline amidst the epidural fat lying on the dorsal aspect of the tecal sac (arrow).

a rare location, in the differential diagnosis of acute low back pain.

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