
Z-Ro - Discography (1998-2010).34



in a study, Chien and associates (2017) investigated the correlation between lumbar discography and lumbar radicular symptoms. A total of 161 patients with lumbar radicular symptoms were divided into 2 groups, the discography (n=61) and the control (n=100) group. Patients were evaluated with clinical symptom scores (Waddell's score, the Oswestry Pain and Disability Index, and the Visual Analog Scale [VAS] score) and nerve-conduction studies (NCS) at baseline and after 4 weeks. The sensitivity and specificity of NCS and discography in detecting abnormal discs were 71.0% and 100%, respectively; and the sensitivity and specificity of lumbar discography were 72%. Similarly, in a retrospective analysis of prospective data, Staartjes et al (2017) examined the value of prognostic tests and socio-demographic factors in predicting outcomes following lumbar fusion for DDD. These researchers included patients who underwent fusion surgery for DDD between 2010 and 2016. The outcome measures included pre- and post-operative VAS and ODI scores. Prospectively collected patient data were reviewed for pre-operative tests, peri-operative data, and clinical outcomes. Prognostic tests used were discography, PCT, Modic changes, and a summary of physical

symptoms, coined loading factor. by means of multi-variate step-wise regression, prognostic factors that were useful in predicting outcomes were identified. a total of 92 patients fit the inclusion criteria, with a mean follow-up of 32 15 months. discography, pct, modic changes, and loading factor were of no value for predicting outcomes ($p > 0.05$). demographic factors that showed a consistent reduction in back pain were female sex ($p = 0.021$) and no prior surgery at index level ($p = 0.009$). no other socio-demographic factors were of predictive value ($p > 0$). the authors concluded that in patients without prior surgery, the pct appeared to be the most promising prognostic tool. other prognostic selection tools such as discography and modic changes yielded disappointing results. in this study, female patients and those without prior spine surgery appeared to be most likely to benefit from fusion surgery for ddd.

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while the clinical value of discography in discogenic pain has been questioned, some studies have shown that discography can be a useful diagnostic tool for diagnosing a painful disc in patients with chronic low back pain. in the present study, a series of 69 consecutive patients who underwent single-level open microdiscectomy for a herniated disc at a single institution were retrospectively studied. all patients underwent discography and had a minimum of 1-year follow-up. lumbar discography has remained a major tool in the diagnosis of the underlying cause of discogenic pain. early discography was performed with water soluble contrast material; however, this contrast material was associated with an increased risk of immediate and delayed adverse effects, including severe allergic reactions, discitis, and epidural abscess. to date, the food and drug administration has approved only one contrast agent for use in discography: a radioopaque, high-osmolarity, ionic, water-soluble contrast agent. the technical components of

discography include the injection of the contrast material through a needle attached to a thin, tubular, plastic or polyethylene catheter that is placed through the needle and into the disc space. discography can be used to assess the annular integrity, lateral recess, nerve root, and vertebral endplate. in this review, we compare the technical aspects of discography with respect to its indications, contraindications, and complications. discography is often used to diagnose discogenic pain and is regarded as the standard of care for the evaluation of the discogenic origin of lbp. in fact, discography is generally regarded as the most direct evidence for discogenic pain. the procedure is also reported to be very useful for predicting the therapeutic outcome of disc surgery. when the patient has no response to the local anesthetic injection, he/she is often referred for possible surgery to relieve the pain. discography can be used in the pre-operative evaluation to avoid the risks associated with surgery. the patient is placed in the prone position and the affected region is carefully inspected for a disc protrusion or indentation. local anesthetic is then injected into the intervertebral disc at a pressure of 1.5 to 2 times the systolic blood pressure. the technique has been described

extensively in the literature and can be performed with both water soluble and ionic contrast agents. a number of techniques have been described for discography, including a stepwise injection technique, a 'shotgun' technique, and a sequential injection technique. however, in most cases, there is no consensus on which is the best technique. discography is typically performed at the L5-S1 and L4-5 levels, but may be performed at any level that is symptomatic. the patient is observed for a few minutes and then asked to return to a recumbent position. the patient is evaluated for pain on passive motion and active motion, and the results are compared with the results of previous imaging studies. discography has been shown to have a relatively high specificity, but a relatively low sensitivity. discography is typically a safe diagnostic procedure, although the risk of complications may be increased if the injection of contrast material is carried out by an inexperienced or unskilled radiologist. discography is the standard test for discogenic pain. the patient must be carefully evaluated and monitored for adverse effects after the procedure. it is important to be familiar with the possible complications of discography and to be able to manage the patient appropriately. 5ec8ef588b

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