Spontaneous Disc Resorption and Conservative Care

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Introduction

Lumbar disc extrusions are a relatively common malady and result in pain and dysfunction. Thus, to restore function and reduce pain, surgical intervention may be indicated to remove the extruded disc. However, spontaneous regression of extruded lumbar discs has also been well documented. While the mechanism of resorption is not fully understood, it appears to occur through a normal inflammatory immune response. Given the symptoms associated with lumbar disc extrusions, it is feasible that chiropractic care could play a role in the management of these patients. This case series follows three patients with extruded discs while being managed with chiropractic care. Does chiropractic affect the spontaneous regression of lumbar disc extrusions?

Rationale

The purpose of this case series is to demonstrate that spontaneous intervertebral disc resorption can occur while under the care of chiropractors.

Methods and Material

Subjects:
- Three female patients, military officers, age: 35-39
- Sustained lower back injuries that created radicular symptoms (pain) down the posterior lower extremities
- No bowel or bladder symptoms, no loss of motor strength, or other severe neurologic impairment.

Intervention:
- Limit or eliminate flexion of the lumbar spine
- Lumbar extension exercise as tolerated
- Manual treatment of the lumbosacral spine as tolerated
- Continuous passive lumbar motion on a motorized prone distraction table
- Ongoing monitoring of the patient’s neurological integrity
- Limited the use of anti-inflammatory drugs

Measures
- Lumbar MRI: Pre and post chiropractic care
- Post images taken after abatement of sciatica and lower back pain

Results

All three patients demonstrated significant improvement while under chiropractic care:
- Total resolution of sciatica symptoms
- Normalization of the patients’ clinical presentation
- Significant reduction in the mass and extent of the extrusions of the affected discs as viewed on MRI

Discussion

The spatial regression of lumbar disc extrusions in these three patients following a course of chiropractic care is consistent with what is known for other types of conservative management of lumbar disc extrusions: disc extrusions often spontaneously regress. Non-surgical management of lumbar disc herniations is preferred to surgical management in patients without significant neurological compromise and/or refractory pain. It is conceivable that chiropractic management may be appropriate in some patients with lumbar disc extrusions.

The results of this case series provoke questions that may warrant additional research:
- Does chiropractic management promote, inhibit, or impair lumbar disc regression?
- Since disc regression is based on an inflammation mediated immune response does the use of immunosuppressive anti-inflammatory drugs interfere with the body’s natural inclination to resorb disc extrusions?
- Should conservative care of disc extrusions seek to minimize reliance on anti-inflammatory drugs?

References


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