Answer to the Letter to the Editor of G. Supp concerning manuscript “Centralization in patients with sciatica: are pain responses to repeated movement and positioning associated with outcome or types of disc lesions?” by Hanne B. Albert et al. Eur Spine J, 2011 Sept 23 [Epub ahead of print]

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I would like to congratulate the authors of the study published in European Spine Journal entitled “Centralization in patients with sciatica: are pain responses to repeated movement and positioning associated with outcome or types of disc lesions?” by Hanne B. Albert, Eva Hauge and Claus Manniche [1].

The first report of the centralisation phenomenon was described in 1981 and followed 20 years of experimentation. I reported that when induced clinically as a result of various repetitive end range movements, centralising pain was predictive of good prognosis. I presented these findings in a monogram published in 1981.

Many studies confirming the predictive nature of centralising symptoms have followed. It is therefore very pleasing for me to read the findings of this latest published research from Denmark, which provides a clarifying, slant on the disc model itself.

Subjects in this study were followed at 3 and 12 months by which time even those patients (93.5%) whose symptoms peripheralised at the baseline assessment had centralised at the 12-month follow-up.

The authors have, with the advantage of the MRI, been able to examine the integrity of the intervertebral disc in detail and report that “centralization was very common in ruptured disc, therefore the study does not support the theory, that centralization only occurs if the intradiscal hydrostatic mechanism is functional. This revelation is most helpful and may explain why patients with significant

sciatic pain eventually recover without surgery. The hypothetical explanation I provided in 1981, to account for peripheralising pain was based on the likely hood of impairment of annular competence. Albert and colleagues have contributed significantly to our understanding of the phenomena of centralisation.

The authors have classified centralising symptoms (abolition centralization, reduction centralization and unstable centralization). This is just as clinicians encounter them in everyday practice. It is the nature and reality of the phenomena. The decision to define centralisation in this way has added to, not detracted from, other definitions of centralisation used in previous studies.

As was made clear in the discussion, had subjects been followed on a regular basis, peripheralisers may have passed a transitional period before centralising. That overall, 84.8% of patients centralised must surely indicate that a thorough evaluation using these mechanical diagnostic procedures should be provided for all patients with sciatic symptoms.

Reference

1. Albert HB, Hauge E, Manniche C (2011) Centralization in patients with sciatica: are pain responses to repeated movement and positioning associated with outcome or types of disc lesions? Eur Spine J Sept 23 [Epub ahead of print]

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