Symposium: Current Approaches to the Management of Lumbar Disc Herniation

Editorial Comment: Current Approaches to the Management of Lumbar Disc Herniation

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Disorders of the spine continue to be a common health problem worldwide affecting people of all ages. Lifetime prevalence of simple back pain in industrialized nations is estimated at 60% to 70%, and is worst in the most productive

adult years. Back pain is a major cause of lost work time as well as disability [3]. Disc herniation is a common cause of back related complaints, and prevalence is reported to range from 1% to 3% [1]. For data specific to Medicare, annual incidence of lumbar decompression or discectomy has been reported to be 2.1/1000 enrollees, with increasing trends and substantial variation across the country [5]. This substantial socioeconomic burden coupled with wide variation in treatment make this a very important condition to understand.

There are several variables of interest to the practitioner caring for patients with symptomatic lumbar disc herniation. Classification and predictors of outcomes help guide initial decision-making. The use of steroid injections have been contested recently [4], but there is a large body of evolving literature to help guide appropriateness [2] of this intervention. For surgery, there are many questions that arise. What kind of outcomes can be expected, and does the surgical technique matter? What is the most correct timing for surgery? What are the results with revisions? What kind of function can be expected following recovery? Lastly, there have been important advances in the basic

science of pain and disc herniation, which may form the basis of newer treatment paradigms in the future.

In this symposium, a group of authors from around the world and from many disciplines within medicine and surgery seek to answer these questions and others. Their papers provide a broad cross section of the best-available evidence on these important topics. I am grateful to these authors for their superb contributions.

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