

[Lumbar discogenic pain.]

[Article in German]

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Abstract

Lumbar discogenic pain in the sense of an internal disc disruption (IDD) represents a nociceptive pain syndrome with the source of pain in the innervated outer third of the annulus. Such discs anatomically appear with almost normal contours. Neither clinical nor technical assessments have any diagnostic value, with the exception of MRI which has been shown, if present in symptomatic patients, to have a positive predictive value of up to 89 % to indicate a strong correlation to a painful grade 3 or 4 fissure. However, only the stimulation of a disc (controlled provocation discography) with a subsequent CT scan is of exclusive diagnostic value. As an underlying pathomechanism, a compression fracture of the superior subchondral endplate like a fatigue fracture is discussed. In this way, a deterioration of the homogeneous intradiscal stress distribution could occur with consecutive damage to the internal disc environment and the expression of a radial fissure. The clinical picture of discogenic pain is non-specific. It does not correlate with degenerative changes. It does not differ from any other back pain. Thus, it has to be differentiated from zygapophysial joint pain as well as from sacroiliac joint pain and muscular-ligamentous pain sources. In a single study of American workers, the prevalence of IDD was 39 %, rendering it one of the most important causes for patients with a specified source of back pain.

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