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The role of anterior lumbar fusion for internal disc disruption.

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Abstract

Internal disc disruption is a syndrome of traumatically induced low-back pain arising from the intervertebral disc. The diagnosis is confirmed by abnormal discography with concordant pain reproduction at the affected level or levels. Thirty-four patients with internal disc disruption at one level were followed for an average of 29 months. Eighteen (53%) underwent anterior lumbar fusion at the L4-5 disc, 11 (32%) at the L5-S1 disc and the remainder at the L3-4 or L2-3 disc. Bank bone was used in all but seven patients for interbody fusion. Treatment was judged a success by the patient returning to work or normal activities and requiring either no medications or an antiinflammatory drug only. By the above criteria 25 patients (74%) had successful outcome of treatment. The average time to return to work or normal activities was 6.1 months. The overall union rate was 73% with an average time to union of approximately 12 months. Complications consisted of graft extrusion requiring revision and retrograde ejaculation. These occurred in one patient and were the only complications in the series. We concluded that disc excision and anterior interbody fusion is an effective treatment for internal disc disruption.

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