

Acute Backache Secondary to a Congenital Anomaly in a Young Man

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ABSTRACT

Spina bifida occulta, the most common and the least severe form of spina bifida, is usually asymptomatic without any clinical significance. We report a case of a young soldier who presented with one week history of low backache after unaccustomed physical exertion. Subsequent X-rays

revealed fusion defects in the bodies of all lumbar and last thoracic vertebrae, and reduced joint space between third and fourth lumbar vertebrae. The patient was diagnosed with backache secondary to spina bifida occulta, and responded well to medical management.

Keywords: Spina bifida occulta; Low backache; Lumbar vertebrae

INTRODUCTION

Spina bifida, a neural tube defect characterized by failure of fusion of vertebral bodies, is seen in 1 per 1000 pregnancies [1]. The commonest and the least severe form is spina bifida occulta (SBO), characterized by an intact overlying skin and has an incidence of up to 20% [2]. Commonly, this type is found incidentally on X-rays performed for other purposes.

CASE REPORT

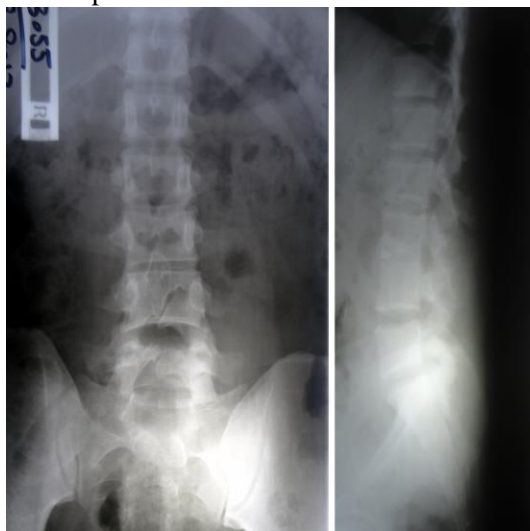
A 30-year-old soldier presented with one week history of low backache starting after unaccustomed physical exertion. The pain did not radiate down the legs and was not associated with any weakness or sensory symptoms in the legs. Physical examination revealed normal vital signs. There was mild tenderness over the lower back but no neurological deficit in the legs. X-ray of the lumbosacral spine revealed fusion defects in bodies of all lumbar vertebrae and the last thoracic vertebra (Figure 1), and reduced joint space between third and fourth lumbar vertebrae. The latter was confirmed on lateral view, which also showed straightening of lumbar spine. The patient was managed with acetaminophen, oral tizanidine, topical NSAIDs and bed rest. He responded well to treatment and declined further assessment with MRI scan.

DISCUSSION

Common causes of reduced disk space in lumbar

spine include prolapsed or herniated intervertebral discs, disc degeneration, and to a lesser extent, arthritides especially ankylosing spondylitis. Backache resulting from disc prolapse is due to compression of adjacent nerve roots. Mechanisms for pain in disc degeneration are much more complex, with emphasis being laid on inflammation and abnormal micromotion instability. Treatment for both of these problems is largely supportive, consisting of analgesics, patient education, exercise and physical modalities including the use of ice packs/heat and electrical stimulation. Surgical treatments, such as decompression and spinal fusion, are used in a

Figure 1: Anteroposterior and lateral view of the spine



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very small percentage of patients.

CONCLUSION

The aim of presenting this image is twofold. Firstly, it is important to remember that spina bifida occulta is usually asymptomatic and almost never has any consequences [3, 4]. Therefore, back problems, particularly backache, should not be attributed to spina bifida occulta. Secondly, the detailed inspection of radiographs in clinical practice is very important. Recognition of a gross abnormality should not stop a keen observer from looking for other anomalies, especially when the first one does not sufficiently explain the clinical picture.

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