Rheumatology

Back pain

This is a very common symptom. It is most often a consequence of local musculoskeletal disease.

Chief Complain: BACK PAIN	
Questions	**Indications**
Site	
where is the pain exactly?	
Onset and Duration	
When did you first notice that?	Acute → Cauda equine, Infection, Fracture Mechanical back pain → Pain usually not more than 12 weeks
Was it suddenly or gradually?	symptoms in patients with lumbo-sacral radiculopathy is often sudden.
Is it a continuous problem or it comes as separated attacks?	Intermittent → Spinal stenosis Persistence → disk problems
Character	
What is the pain like? Stabbing?	
Radiation	
Does the pain radiate anywhere?	Pain with lumbosacral radiculopathy travels from the buttock down to the posterior or posterolateral leg to the ankle or foot.

Associations	
Any other signs or symptoms associated with the pain?	Presence of red flag (truma history, weight loss, immunosuppression, history of cancer, IV drug use, steroid use, osteoporosis, age>50, focal neurologic deficit. Perianal numbness, bladder dysfunction Cauda Equina Syndrome characterized by sciatica, saddle sensory disturbances, bladder and bowel dysfunction.
Time course	
Does the pain follow any pattern?	Ankylosing Spondylitis and other SpA characterized by Back pain worse at night and early morning improves with activity. Diseases such as osteoporosis (with crush fractures), infiltration of carcinoma, leukaemia or myeloma may cause progressive and unremitting back pain, which is often worse at night.
Exacerbating/Relieving factors	
Does the problem get better or worse by certain things? Lumbar flexion? Activity? Coughing sneezing?	Lumbar Flexion → relive spinal stenosis, and aggravates herniated disk Sitting straight → Aggravates spinal stenosis Activity → relieves Ankylosing spondylitis Sitting, coughing, or sneezing may exacerbate the pain with lumbosacral radiculopathy.
Severity	
How bad is the pain?	Affection on activity and quality of life

Neurological deficit	
Paraesthesia? reduced sensory function? Weakness?	
Occupation	
Past medical/surgical history	
truma history, weight loss, immunosuppression, history of cancer, IV drug use, steroid use, osteoporosis, age>50	

A. Mechnaical Back pain

1. Non specific back pain.

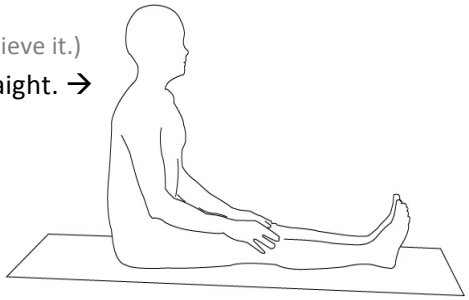
- It is the most common type.
- Pain usually not more than 12 weeks.
- Pain associated with stress, obese patient.
- May radiate to knee BUT not below it.
- Absence of Red flag.
- (-ve) crossed straight legs raised.
- Normal Tendon reflex.

2. Disk problem (Herniated, Degenerative… other)

- Radiculopathy : leg pain increase with bending forward, lifting weight.
- Persistence back pain.
- Increase with activity & coughing & sneezing.

3. Spinal stenosis:

- Old age. (It could be with young who has lipoma or hematoma in spinal canal)
- Intermittent back pain.
- Relived by bending forward, walking uphill.
- Increase with walking. (Stooped posture to relieve it.)
- Increase with back extension and sitting straight. →
- Radiate to buttock,thigh and legs.



B. Systemic back pain:

1. Ankylosing spondylitis:

- Insidious back pain its course more than 3 months and can be for 10 years undiagnosed.
- Early morning stiffness.
- Improve with activity.
- Nocturnal back pain due to inflammation.
- Alternating back pain.
- On examination:
  1. Restricted movement.
  2. (+ve) schober's test.
- Risk factor: PPI , Family history and IBD.

2.

2- Infections (osteomyelitis and discitis):

- Acute pain with fever.
- Risk factor: IV drug, immunosuppressant and dialysis.

3- Malignancy:

- Metastasis to spinal canal.

C. Referred pain:

- Pancreatitis, Pyelonephritis, Abdominal aortic aneurism, peptic ulcer.

* Cauda equina :

- Emergency case.
- Acute sever back pain.
- Radiate to legs.
- Bladder incontinence.