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Claudication in spinal surgery

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Beside intermittent claudication similar symptoms can be caused by stenosis of the spinal canal as spinal claudication, characterized by sciatic pain during walking, especially going downwards; these pains disappear only in kyphotic position (bending forward or sitting) with widening of the spinal canal. Even in case of severe stenosis neurologic symptoms are rare in the resting patient, probably caused by the very slow increase of narrowing with the possibility of adaption of the spinal cauda.

In contrary to disc herniations conservative treatments show very little effect. To our own experience the best effect in conservative therapy is demonstrated in intrathecal instillation of 40mg triamconolon.

We report on side effects and complications of 197 intrathecal infiltrations in 160 patients and on clinical results of 98 infiltrations in 77 patients of the first author.

There were only 5% with mild side effects without a single case of severe or remaining complication.

The average duration of at least 50% decrease of pain was in lumbar stenosis 11,8 weeks and in other sciatic pain indications 3,2 weeks (p<0,05). In case of several infiltrations the average effect was 14 weeks after first and only 2,5 weeks after the following instillations (p<0,05). Absolute spinal stenosis (<10mm ap-distance) showed a slight longer duration of effectivity (12.6 vs 10,6 weeks, ns) than relative stenosis (<12mm).

In conclusion the first intrathecal triamcinolon-instillation in lumbar spinal stenosis caused an average freedom of pain for 1 month and an improvement >50% for 3 months without negative influence of degenerative spondylolisthesis.

A long lasting treatment of spinal stenosis in the majority of cases can only be done by surgical decompression and in case of stenosis with instability (mainly degenerative spondylolisthesis) decompression in combination with instrumentation and fusion.

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