

One Year Follow Up of 100 Patients with Discopathy

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Treatment and management of discopathy is controversial and treatment for degenerative disk disease focuses on minimizing pain, improving mobility along with stabilizing the spine.

Pain management techniques can be conservative or invasive. This spectrum of management and therapy varies from open surgery to home remedies and restfulness. Regarding the various types of discopathy, it is very controversial here about appropriate therapy selection at first and continuing maintenance therapy for specific type of discopathy.

In many cases, a combination of treatment is needed for effective pain management to remove the etiology of discopathy.

In order to avoid a process of trial and error, we aimed to find the treatments that best provide meaningful pain relief. Furthermore, discopathy in elderly is more related to degenerative processes, so that we can add specific pharmacological treatment due to modified inflammatory pathways. Making adjustment to every day activities, can effectively mitigate pain.

We are trying to answer to this question, what type of discopathy needed to absolutely invasive procedures like open surgery and what kind of specific discopathy will be managed, just with conservative treatments like applying heat, manual manipulation, physical therapy and what kind remains between these two extremities.

In addition, today, neurosurgeons don't recommend prolonged bed rest, typically makes back pain worse, it maybe helpful to rest for a day or so when pain is most severe but staying inactive for prolong period can weaken the muscles and stiffen the spine leading to increase pain. other doctors, like rheumatologists and family physicians recommend bed rest at most just for three days but nonpractitioners like chiropractics or physical therapists wrongly prescribe for more days being bed rest.

What is the role of pharmacological therapy towards discopathy?

For those people, in whom degenerated disks do cause pain that cannot be attributed to another problem, they are considered to have degenerated disk disease and here pharmacological therapy besides physical therapy have an important role to maintain spine stability.

Not actually a disease, degenerated disk disease referred to a condition in which pain is caused from a disk that loses integrity.

Unlike other tissues of the body, there is very little blood supply to the disk, so once the disk is injured, it cannot repair itself and the disk can start to deteriorate.

According to our study results after one year follow up of 100 patients with discopathy, we found that, in patients with disk protrusion, treatment remains yet controversial. But we can say promptly surgery is needed for patients with extrusion and when, there is no herni-

ations, only conservative therapies including physical therapy, pharmacological therapy, bed rest are adequate. It seems that in elderly, surgery is less needed.

When herniation is in protrusion type, surgery is indicated if:

1. Pain remains after adequate conservative treatments.
2. Intractable pain.
3. Focal neurological deficits.
4. Muscle atrophy or persistence muscle weakness.
5. Urinary or fecal incontinency.

We can recommend all healthcare professionals to suggest surgery when according to above criteria is absolutely needed, in early stages to avoid from disability after late stage surgeries.

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