SUCCESS AND FAILURE IN AN L4-L5 LEFT SIDED SYNOVIAL CYST CASE

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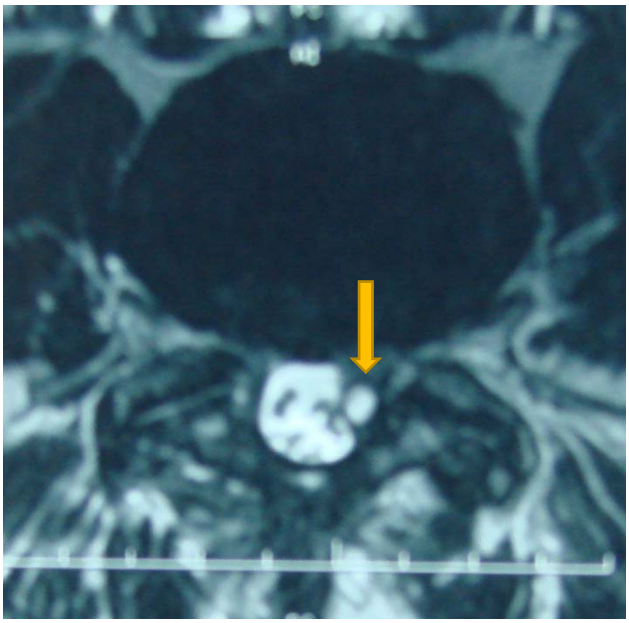
A 74 year old male seen on 7-21-14 for the chief complaint of low back pain extending to the left buttock and lower extremity of increasing severity in the last 9 months at VAS of 10 is presented here. His condition was aggravated by weed-eating (yardwork).

HISTORY:

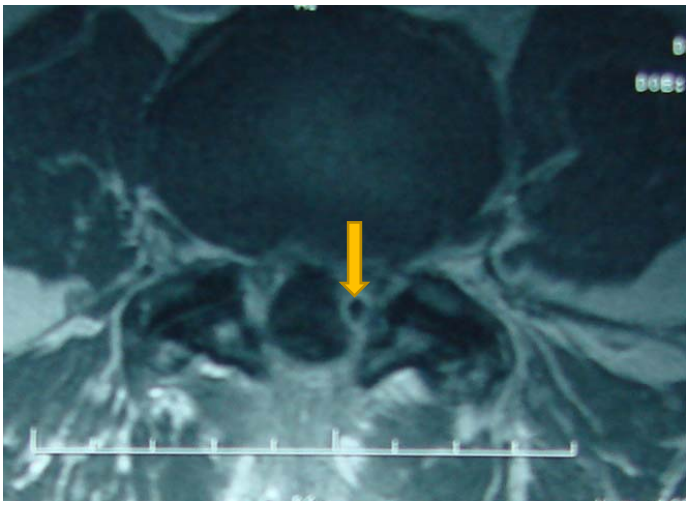
In 2012 he had right lower extremity pain with inability to walk and had a foraminal decompression on the right side at L4-L5 with no fusion. The recurring pain two years later when we first see him is in the left buttock and left lower extremity.

While in Florida in 2014 he saw a chiropractor who did give him some relief of his pain. When he returned to Fort Wayne, Indiana, this spring, the pain worsened, and he saw a chiropractor who advertised decompression treatment of his symptoms. At the cost of $6600.00 for the decompression, he sought our care as we had helped him in the past.

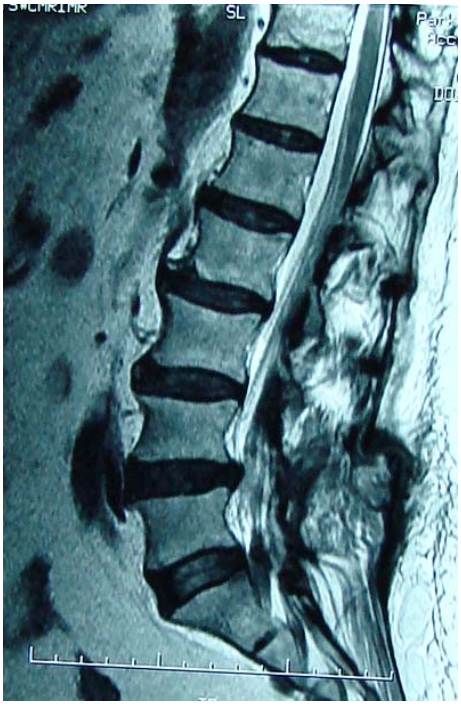
IMAGING:



Left sided synovial cyst (see arrow) and facet arthrosis combined to establish spinal stenosis of the lateral recess and proximal foramen. This is a T2 weighted MRI axial view.



While not as noticeably visible in the above figure, the synovial cyst (see arrow) shows here as a radiolucent density that indents the cauda equina and causes spinal stenosis. Note the facet arthrosis.



This sagittal MRI shows the L4-L5 surgical changes following foraminal bilateral decompression in 2012. The synovial cyst is not as evident on this view.

TREATMENT:

Treatment 1: 7-22-14. Treatment consisted of distraction decompression with the Cox® Technic protocol 1 with contact at the L4 spinous process while holding the left ankle to apply protocol I. Following distraction decompression, positive galvanism was applied to the left L4 synovial cyst followed by tetanizing current to L4-L5 facet articulations.

Treatment 2: 7-23-14. Pain decreased from VAS 9 to 8

Treatment 3:7-24-14. VAS pain 8 and the patient went away on vacation till 8-4-14.

Treatment 4: 8-4-14. No calf pain. Centralization of pain is good. He will see his neurosurgeon tomorrow and get a new MRI of the lumbar spine

Treatment 5: 8-5-14. He was weedeating again which increased his pain. Treatment is unattended long y axis distraction followed by electrical stimulation of the L4 left facet joint with the synovial cyst.

Treatment 6: 8-6-14. The pain is reduced to VAS 3, well over 50% reduced. His neurosurgeon told him to continue care and call him if needed for surgical fusion.

Treatment 7: 8-7-14. VAS is 5 and leg is 4. He is going on a trip which is not advisable.

Not returning for care after his appointment 8-7-14, upon phone update he stated that following his trip the pain became so bad that he went to another orthopedic surgeon who said only surgery would help him and he had the synovial cyst removed the second week of September 2014.

This is an example of positive results following 7 Cox® distraction decompression treatments over a two week treatment period; however, against our recommendation, he went on a long trip which exacerbated his left leg pain and convinced him to go to surgery for a quicker permanent heal. Whether this results, time will tell. This author feels that the centralization of the left leg pain and over 50% relief of pain in two weeks of care suggests potential success utilizing Cox® distraction manipulation. It will never be known.

Many of you have similar cases that do not follow up with successful treatment and clinical outcome. It is good to point these cases out also.

Respectfully submitted,

James M. Cox, DC, DACBR