Back Pain Syndromes: Causes, Symptoms, Importance of Differential Diagnosis and Advises of Therapy

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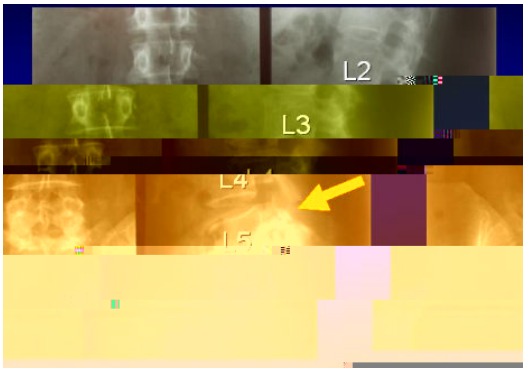

Figure 6: (a,b) Patient 60 years old. Example of scoliosis "I" in 3rd epg. Spine without curves but totally stif. Oblique position of os sacrum. Deformity not treated in childhood. Now back pain in every day situation.

Experimental

Additional causes in development of scoliosis in children and back pain syndromes in adults

In many children or adults with scoliosis we can see "neurological symptoms" and there are typical for the Minimal Brain Dysfunctions (MBD). Tese neurological disorders are mostly caused by complicated or pathological pregnancies and problems in delivery. During examination of children and adults sufering from scoliosis and back pain such anamnesis was constantly presented. Te neurological disorders are:

Anterior tilt of pelvis and hiperlordosis of lumbar spine (Figures 5a and 5b), because of fexion contracture of hips fexors. In such situation the stability between pelvis and spine is diminished-it enables an easy development of scoliosis and next back pain,

Extension contracture of the trunk's muscles as typical symptom of MBD-here we should remember that in "S" scoliosis in 1st epg group/type and in "I" scoliosis in 3rd epg group/type-the spine is stif in "extension position" and this symptom is typical for all scoliosis patients (Figures 6a and 6b). Stifness of spine is one of many causes of back pains.

Laxity of joints-facilitates the development of scoliosis and is an important cause of back pain.

New classifcation of so-called idiopathic scoliosis

Te type of spine deformity is connected with "model of hips movement" and etiological factors-"gait" and "standing 'at ease' on the right leg."

Scoliosis 3D-"S" 1st etiopathological group (epg)-double curve. Stif spine. Rib hump on the right side of the thorax. Connection with "gait" and permanent "standing 'at ease' on the right leg". Mostly-rapid progression. Tis type of scoliosis "as example of the spine deformity" is described in orthopedic articles and in Internet.

Scoliosis 1D or 2D-"C" 2nd/A epg-one curve-lumbar lef convex. Connected with permanent standing at ease on the right leg. In many orthopedic articles this type of scoliosis is mostly described "as paresis/paretical scoliosis."

Scoliosis 2D or 3D "S" 2nd/B epg-two curves. Connection with permanent standing 'at ease' on the right leg and additionally with laxity of joints or/and previous, harmful exercises. In older people the standing on the right leg is the cause of degenerative scoliosis and heavy back pain syndrome (Figure 4).

Scoliosis 2D or 3D-"I" 3rd epg Deformity has the form of a stif spine. No curves or small ones. Te only cause is gait. Clinical symptoms are "stifness of the spine in children" and "pain syndromes in adults (Figure 6a and 6b). Till 2004 this type of spine deformity was no described as "scoliosis."

Problems of back pain in context of scoliosis on material from 1984

In our orthopedic experience -the problem of back pain is connected mostly with abnormalities of spine anatomy-therefore we describe in article two causes-hiperlordosis of lumbar spine and scoliosis "C" and "S" in 2nd etiopathological group and type (EPG) in Lublin classifcation.

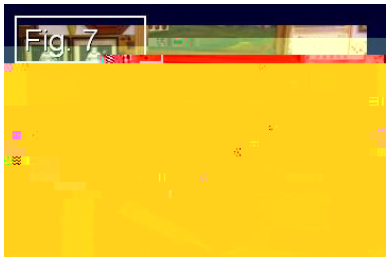

Figure 7: Patient 22 year old. Anterior tilt of pelvis. Scoliosis "C" (2/A epg). Spondylolisthesis L5-S1. Pain with radiation to the left leg.

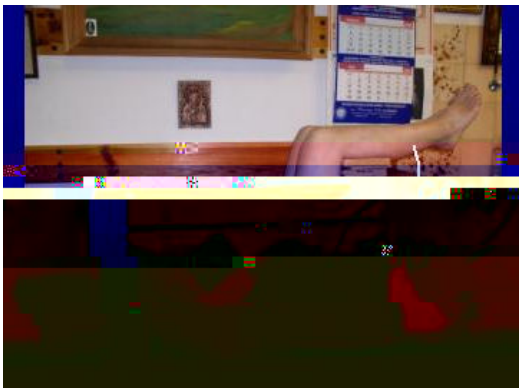

Figure 8: Patient 60 year old. Scoliosis lumbar left convex-in new classification-"C" scoliosis 2nd epg. Back pain syndrome from 10 years

Treatment

Chair extension for the spine. The methods of therapy author (T. Karski) learned in Germany in 1968 in Orthopedic Department in Leipzig (in German: Perlsches Brett Behandlung). The extension therapy needs long time be realized-many days or weeks. Additionally exercises in geothermal water and special method of standing – in abduction and internal rotation.

Results and Discussion

All old conceptions of etiology of "idiopathic scoliosis" [1,2,31,37-41] were never confirmed. The etiology of idiopathic

References

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