

Degenerative rygsygdomme 2014

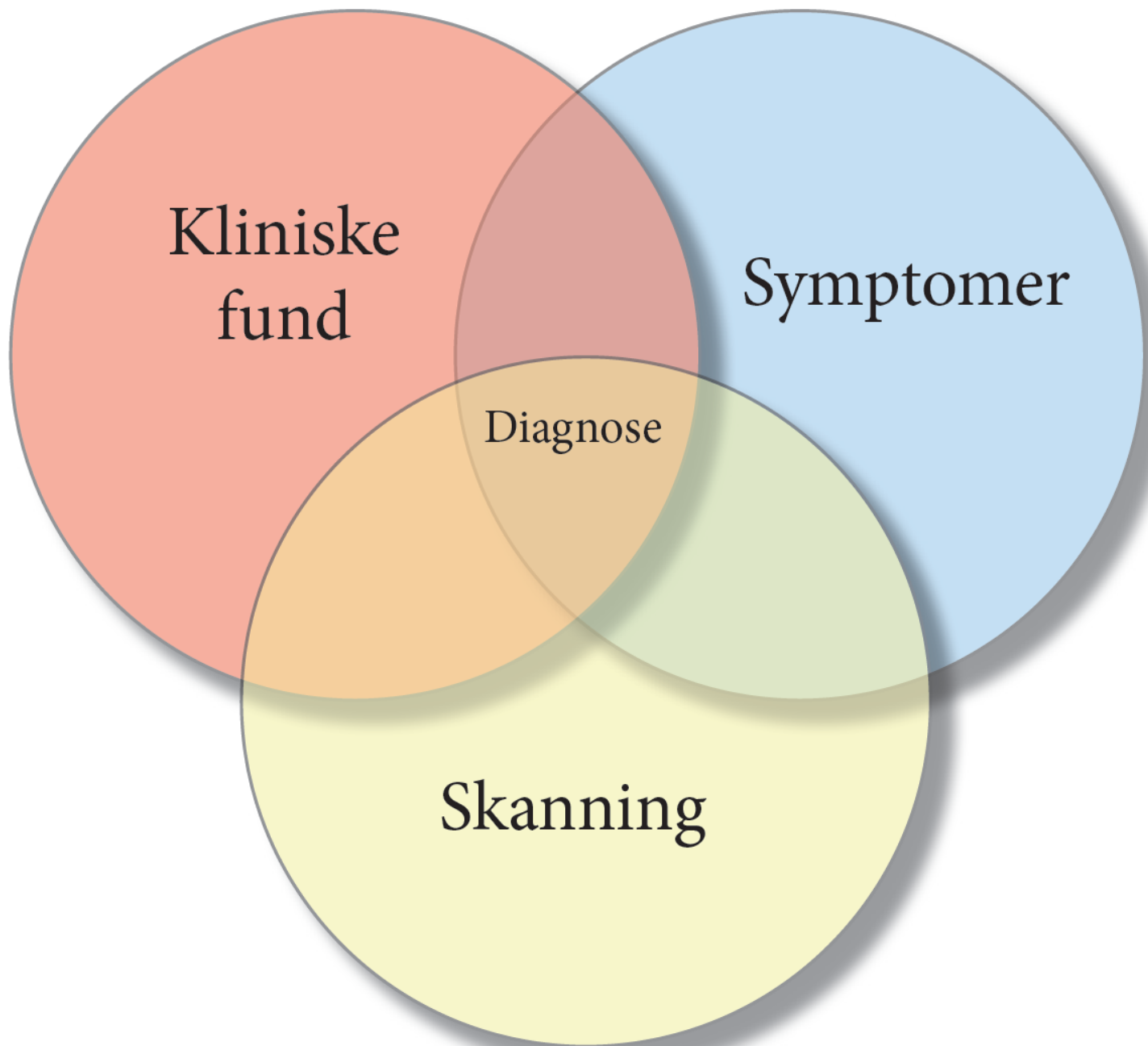


Jørgen Degn

Afdelingslæge og klinisk lektor

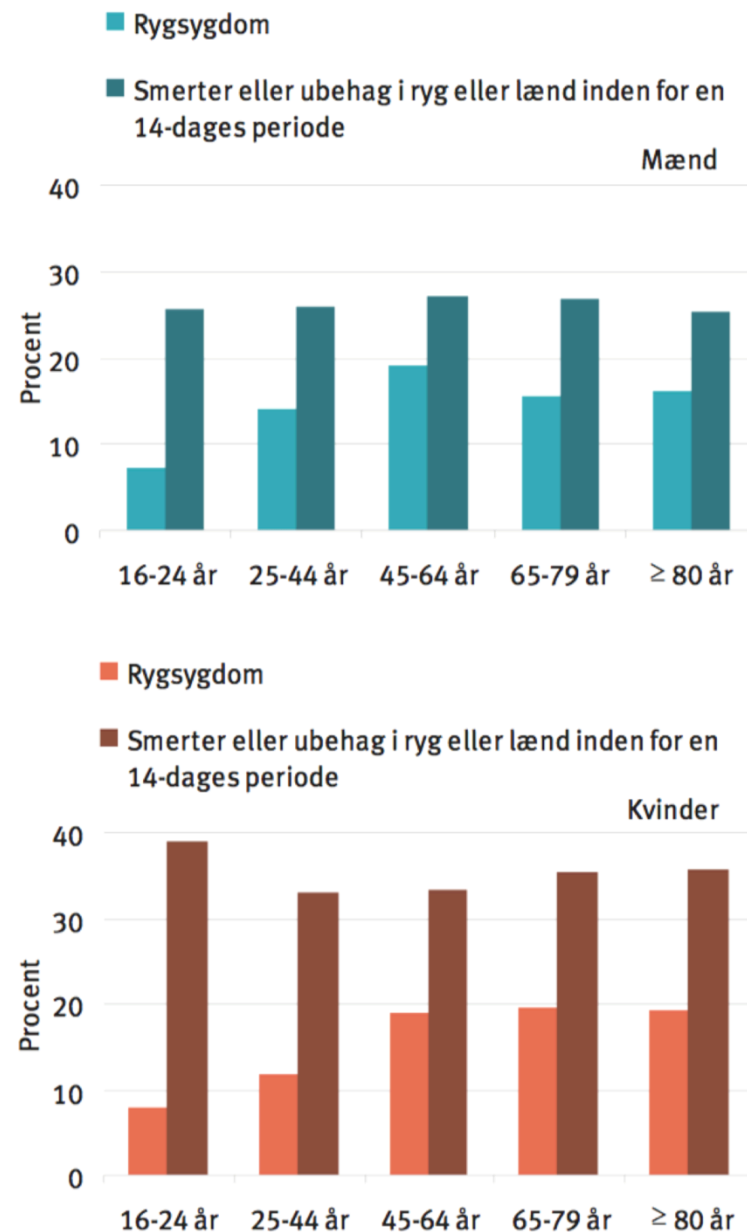
Videncenter for Reumatologi og Rygsygdomme

Glostrup Hospital



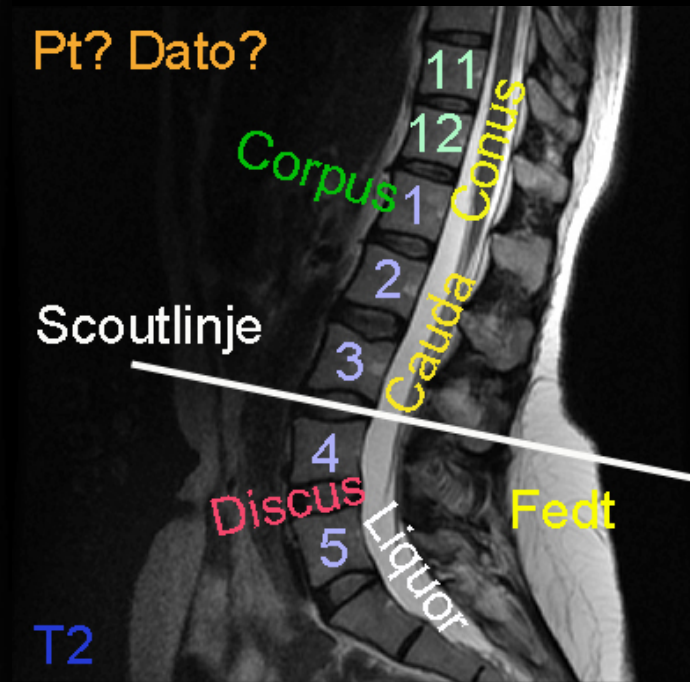
Hvem har haft
smerter
eller ubehag i
ryggen
inden for de
sidste
2 uger?

Figur 7.3. Forekomst (%) af lænderygssmerter blandt mænd og kvinder i forskellige aldersgrupper. 2005.

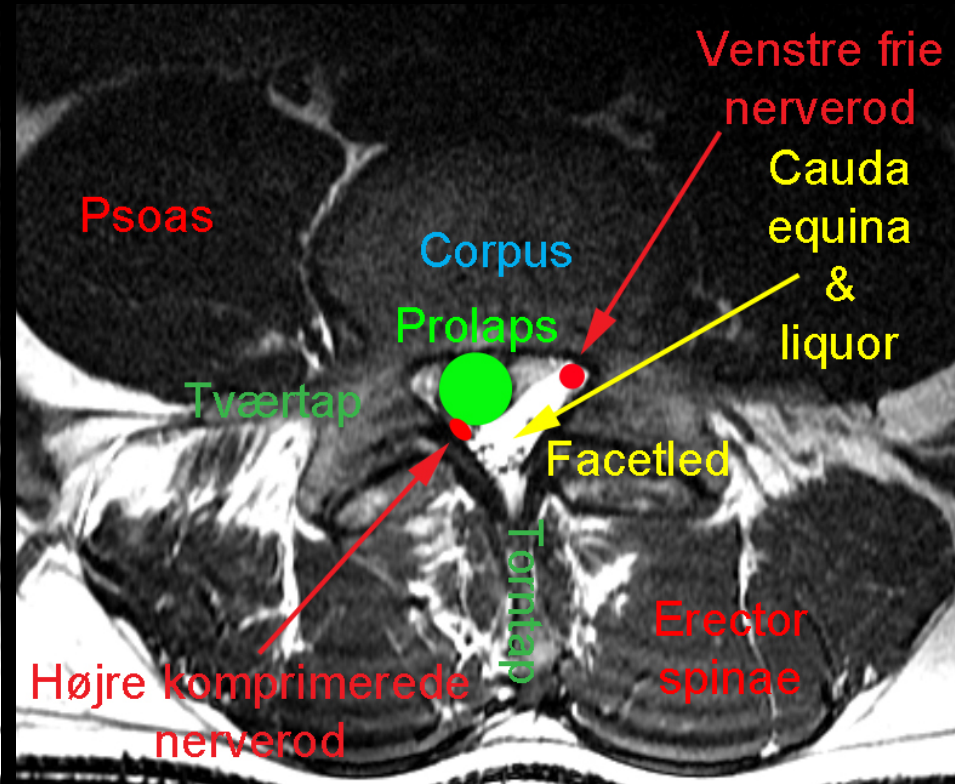
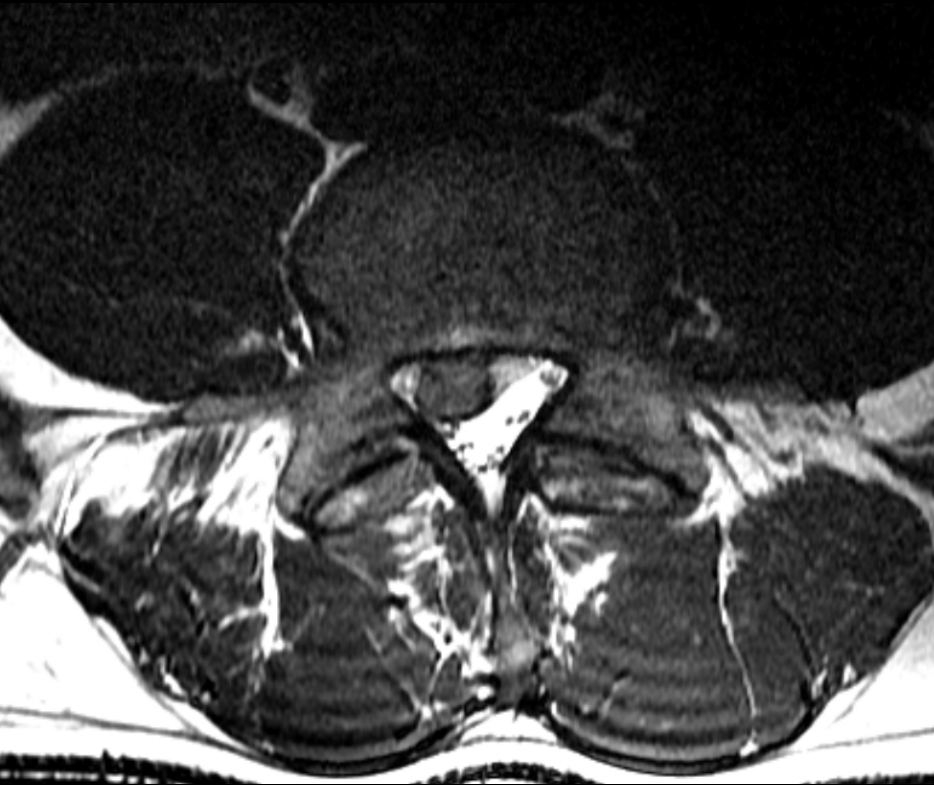


Kilde: Sundheds- og sygelighedsundersøgelsen 2005.

MR-skanning (Sag T2)



MR-skanning (Hor T2)



Red flags

Tværsnits-
syndrom

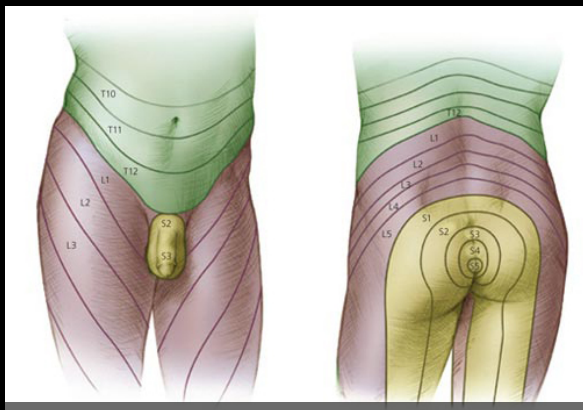
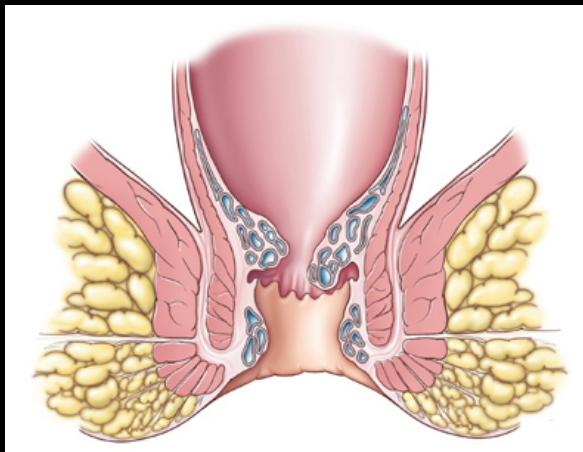
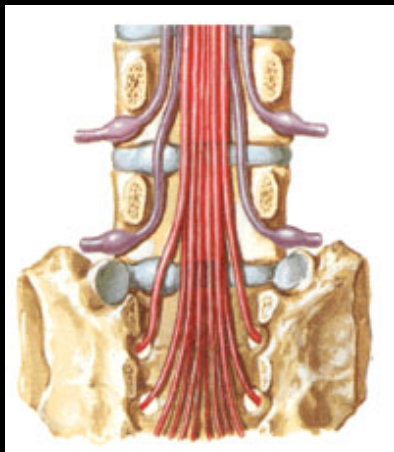
Cauda
equina
syndrom

Prog.
svær
parese

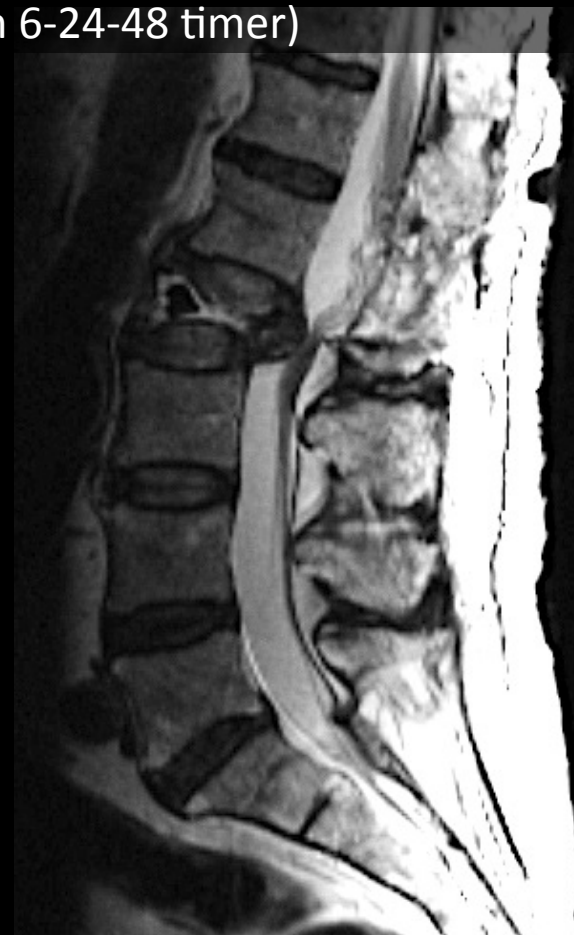
Intraktable
smerter

Cauda Equina Syndromet

Heldigvis utroligt sjældent men alvorligt – giver sfinkterpåvirkning med urinretention (ophævet fornemmelse af blærefyldning, evt. overløbsinkontinens) – slap sfinkter - nedsat perianal sensibilitet – bilat. symp. Akut behandling: Faste, blæreskanning (efter vandladning!), KAD, akut MR eller CT, evt. kontakt til rykirurg mhp. akut operation (inden 6-24-48 timer)



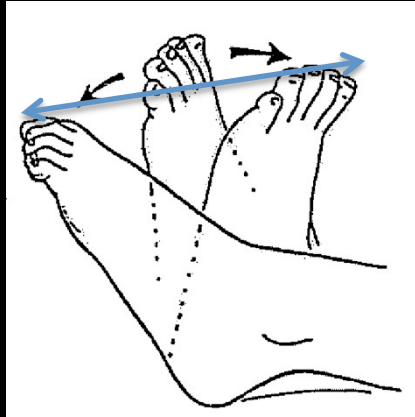
Klinisk diagnose



Ingen UR: risikoen for CES er 1/1.000 !!!

Andre årsager til UR:
Smerter, morfika, BPH

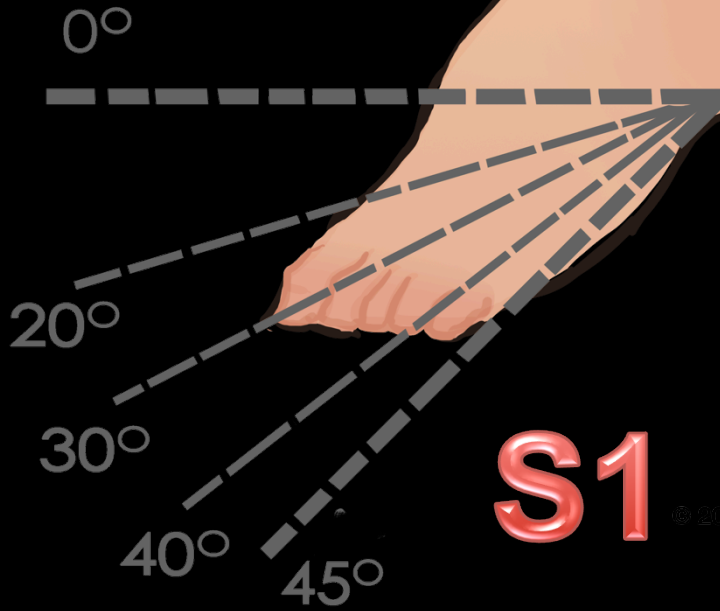
Plantar Flexion



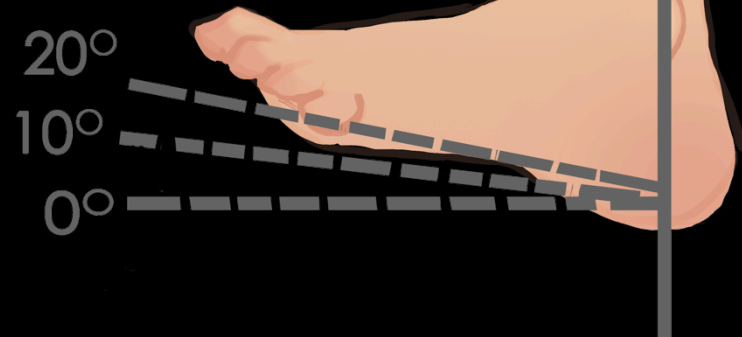
DROPFOD

Dorsiflexion

L5



S1



© 2013 pmp Smertedæk – Overtal – Varighed?

Klinisk diagnose?

Hvor sidder læsionen?

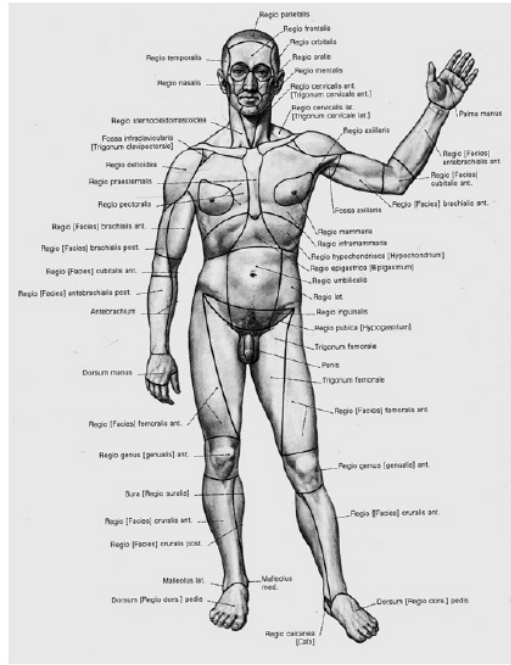
- Storhjernen, lillehjernen, kranienerver
- Cervikale rygmarg eller nerverod
- Thorakale rygmarg eller nerverod
- Lumbale nerverødder
- Sacrale nerverødder
- Perifere nerver
- Højre / venstre side



Symptomer

- A. Hovedpine
- B. Nakkesmerter
- C. Skuldersmerter
- D. Armsmerter ***
- E. Smerter i brystryg
- F. Lændesmerter **
- G. Bensmerter *** / referred pain
- H. Kraftnedsættelse **
- I. Styringsbesvær **
- J. Føleforstyrrelser *
- K. Nedsat gangdistance ***
- L. Bevægeindskrænkning (ADL)
- M. Tab af blærefyldningsførm.
- N. Blæretømmningsbesvær *
- O. Afføringsinkontinens *
- P. Impotens
- Q. Smertekarakter
- R. Smertestyrke og -tærskel (VAS)
- S. Debut, varighed, variabilitet
- T. Diffus eller dermatomal
- U. Provokation/lindring

Smertediagrammet



højre hånd



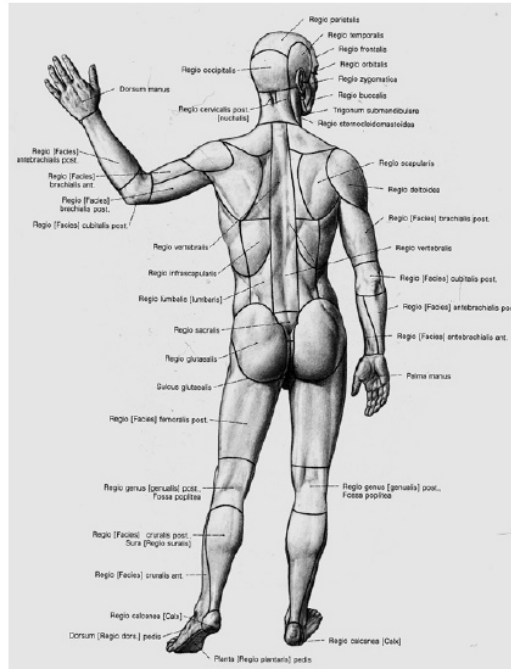
venstre
hånd

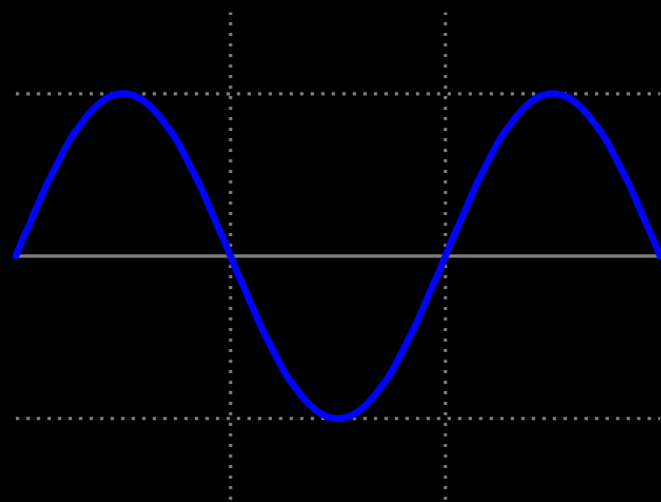
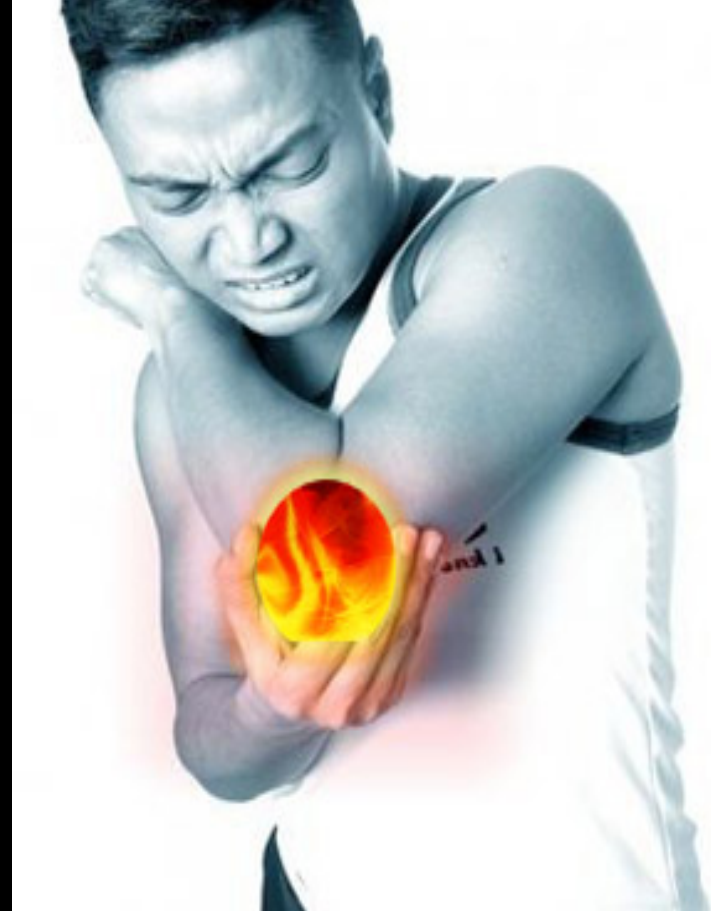
SMERTE (rød, x)

MYREKRYB (grøn, Δ)

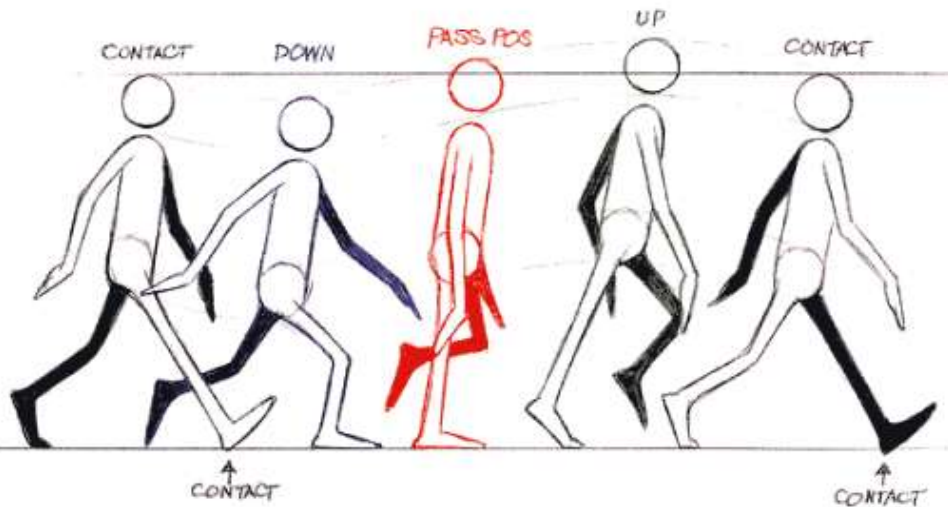
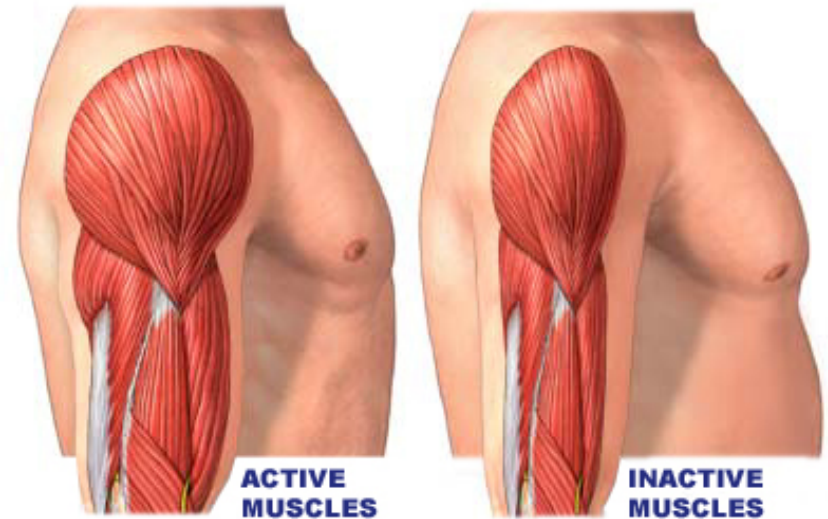
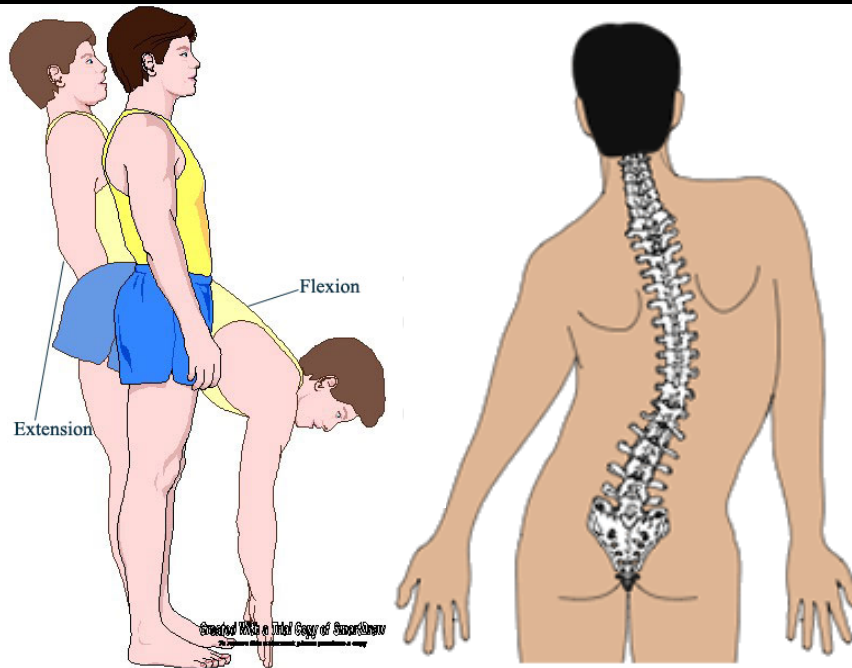
FØLESESLØSHED (blå, o)

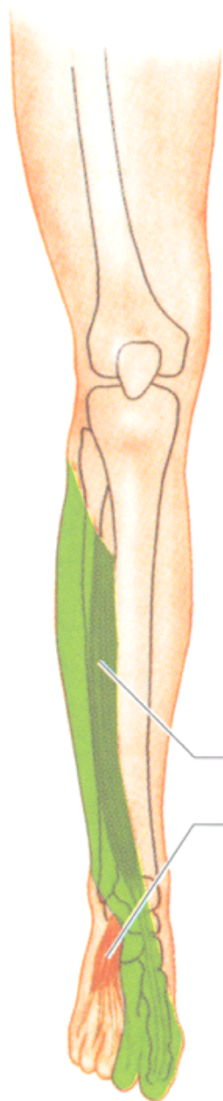
NEDSAT BEVÆGELIGHED ($\square$)





Inspektion



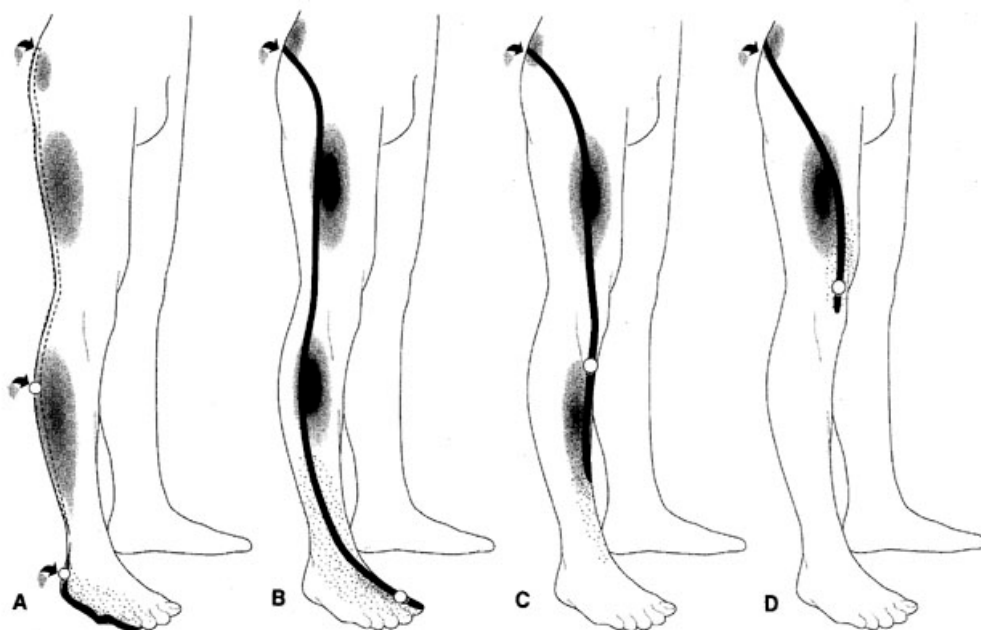


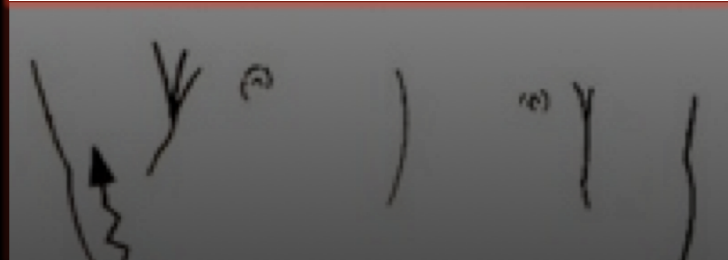
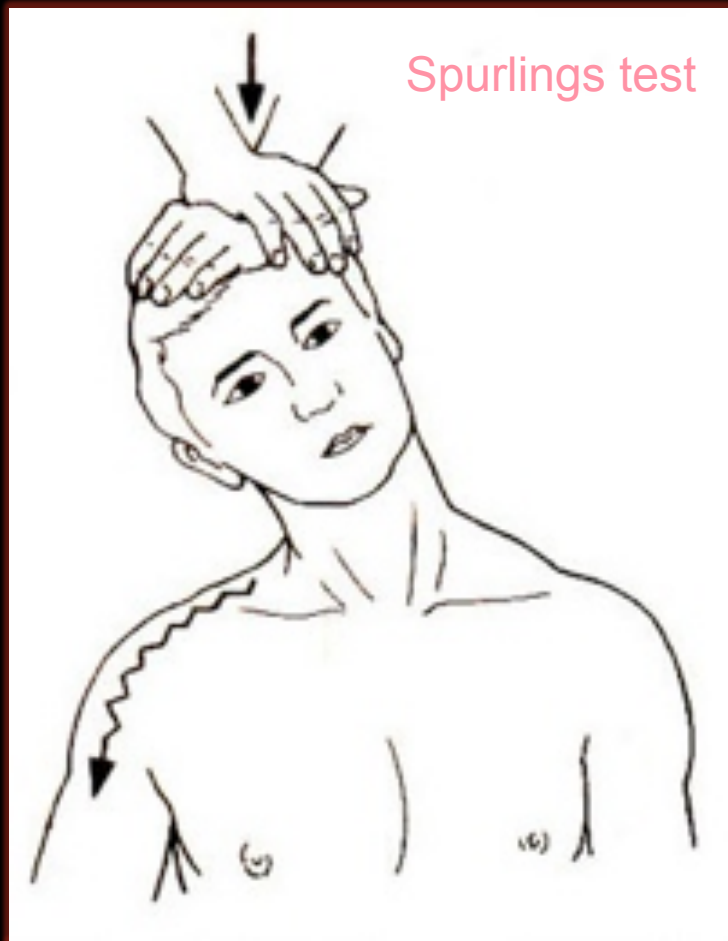
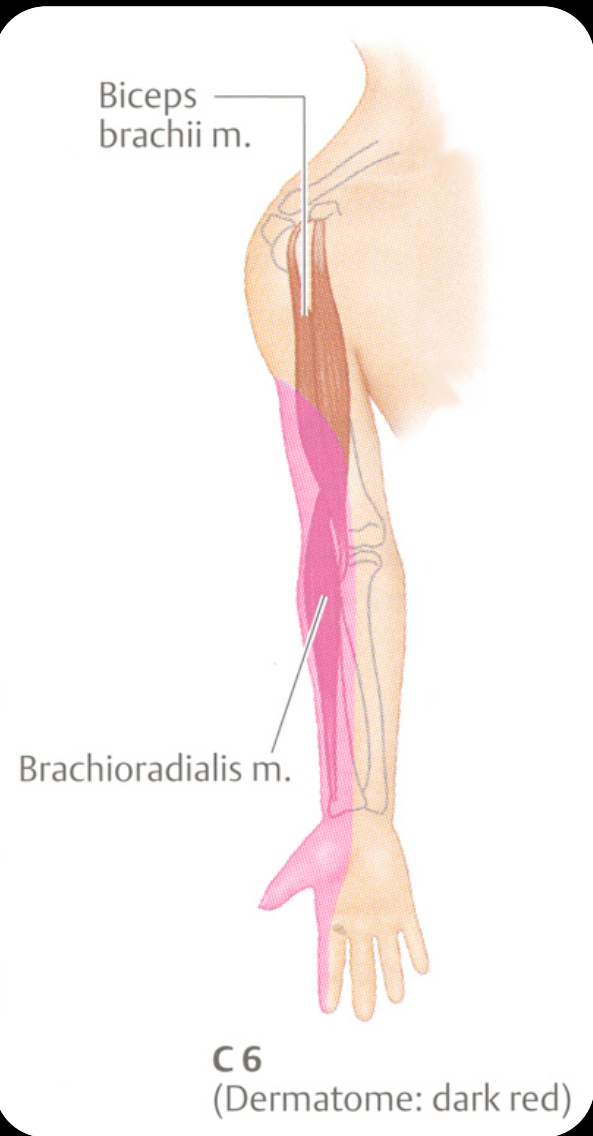
L5

(Dermatome: green; gluteus medius m. not shown)

Extensor hallucis longus m.

Extensor digitorum brevis m.

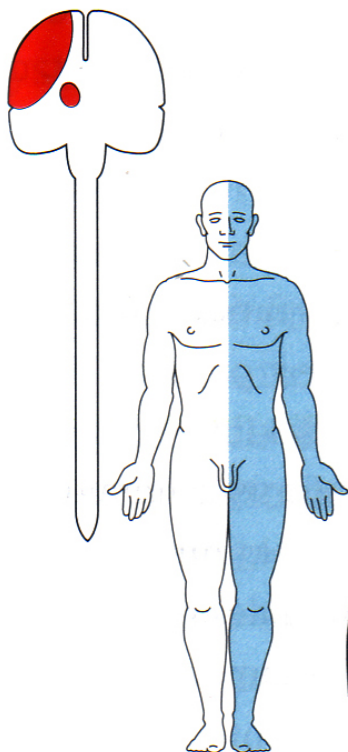




Den kliniske diagnose & smertegeneratoren

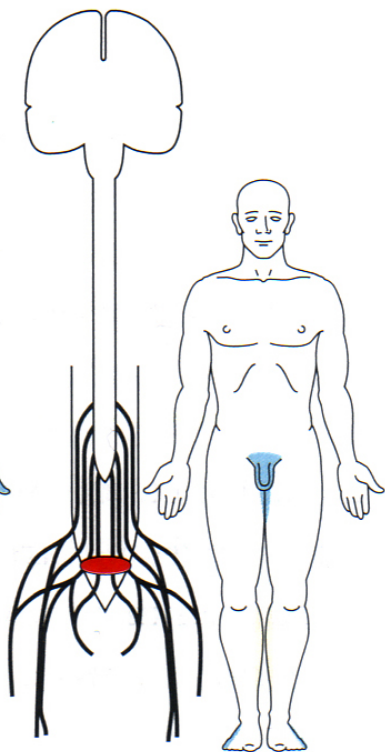
- Smerte i huden
- Muskelsmerter (myoser)
- Diskogene smerter (DDD)
- HIZ-læsion
- Neuropatiske smerter
- Nerverodssmerter (radikulopati)
- Facetledssmerter (ægte led)
- Hvirvelbrud (fraktur)
- Meddelt smerte fra andet organ
- Instabilitet (spondylolistese)
- Infektion (spondylodiskitis)
- Skvatryg (Kissing spine, Basstrup)
- Somatisering
- SI-led
- Hofteartrose
- Tumor, cyste
- Scheuermann
- Axial artrit
- Simvastatin
- Vasc. claudicatio





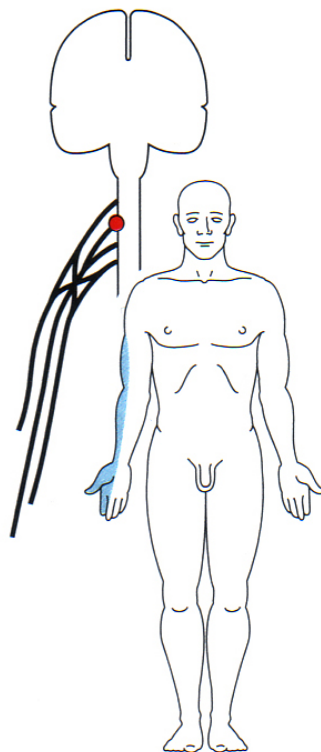
Sensorisk cortex eller thalamus

(fx apopleksi) Modsidigt hemiformt føletab. For sensorisk cortex desuden astereognose og sensorisk inattention.



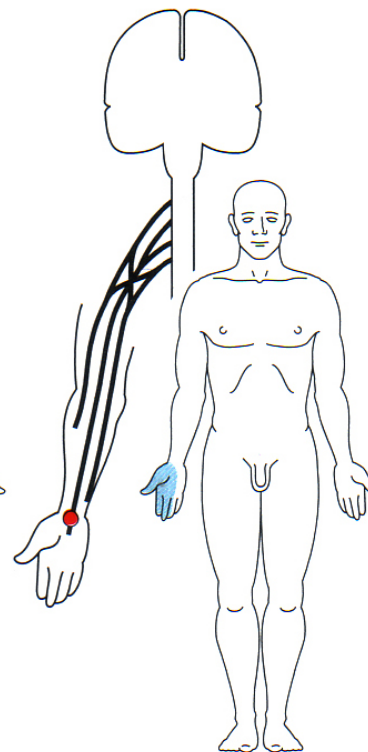
Cauda equina syndrom

(fx sakrale nerverødder S1-S5 ved stor L5 prolaps) Sensorisk tab i ridebukseområdet og S1-dermatomer.



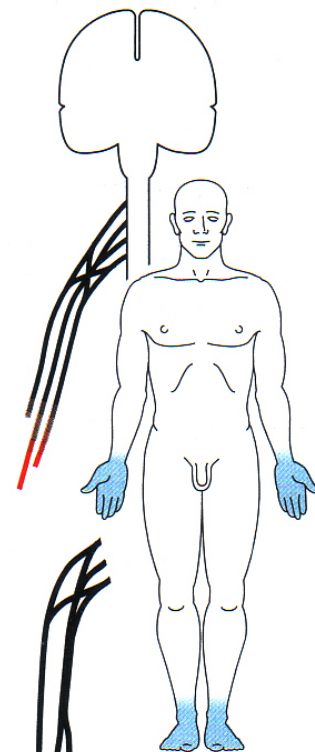
Radikulopati

(fx 6. cervikale nerverod (ved cervical diskusprolaps C5/6)) Sensibilitetstab i det pågældende dermatom.



Mononeuropati

(fx n. medianus ved carpaltunnelsyndrom) Sensibilitetstab sv.t. den pågældende perifere nerve distalt for læsionsstedet.



Polyneuropati

Handske- og sokformet sensibilitetsudfald.

Differentialdiagnoser

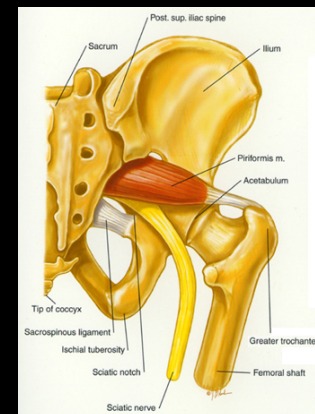
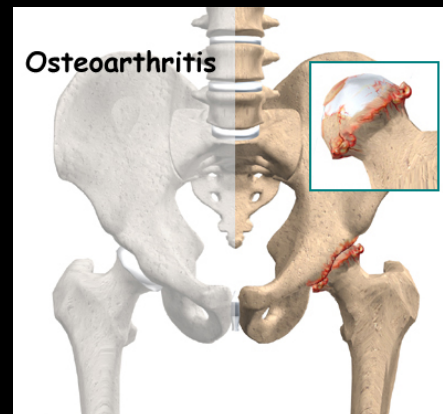
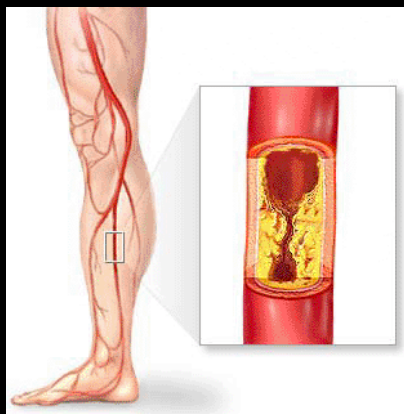
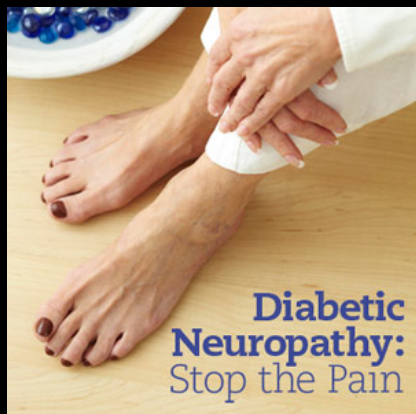
- Polyneuropati
- Vaskulær claudicatio
- Hofteartrose
- Myoser (fx piriformis)

Neurofysiologisk us.

DBT/A-grafi

Indadrotation

Palpation/Fys



Indadrotationen i hoften

nedsat og smertefuld ved artrose

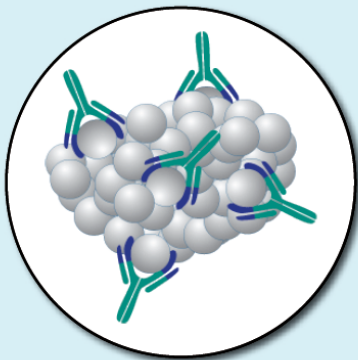
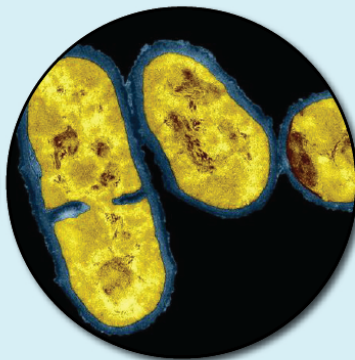
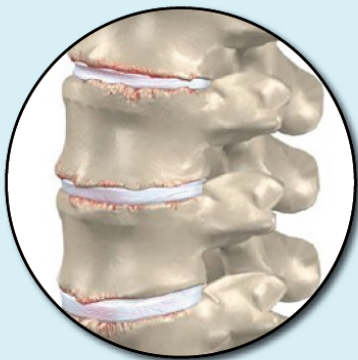


Hvordan
opstår
”slidgigt” i
ryggen?

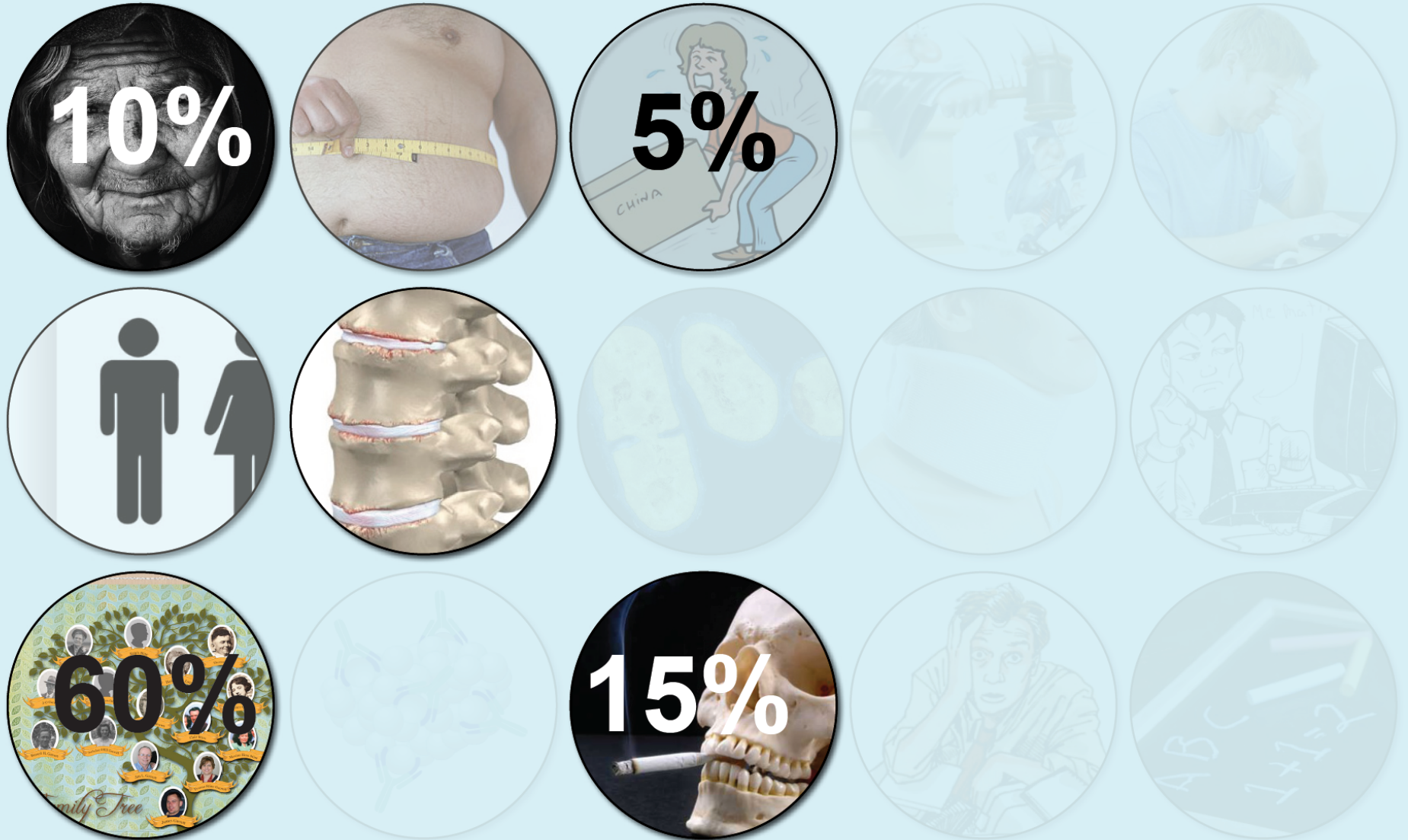








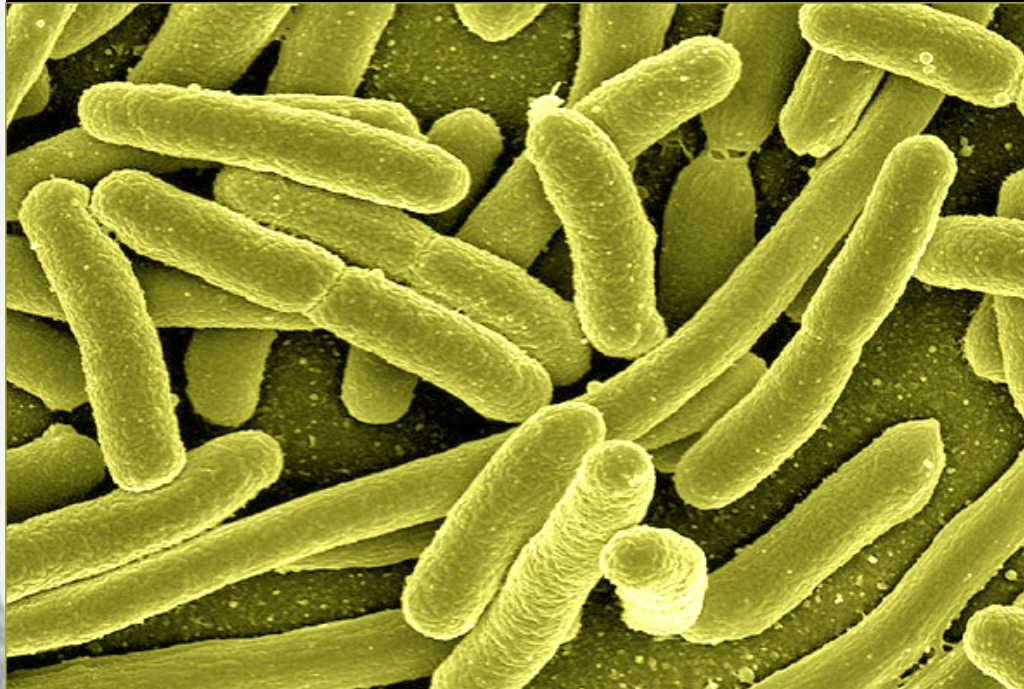
Multifaktoriel kumulativ model

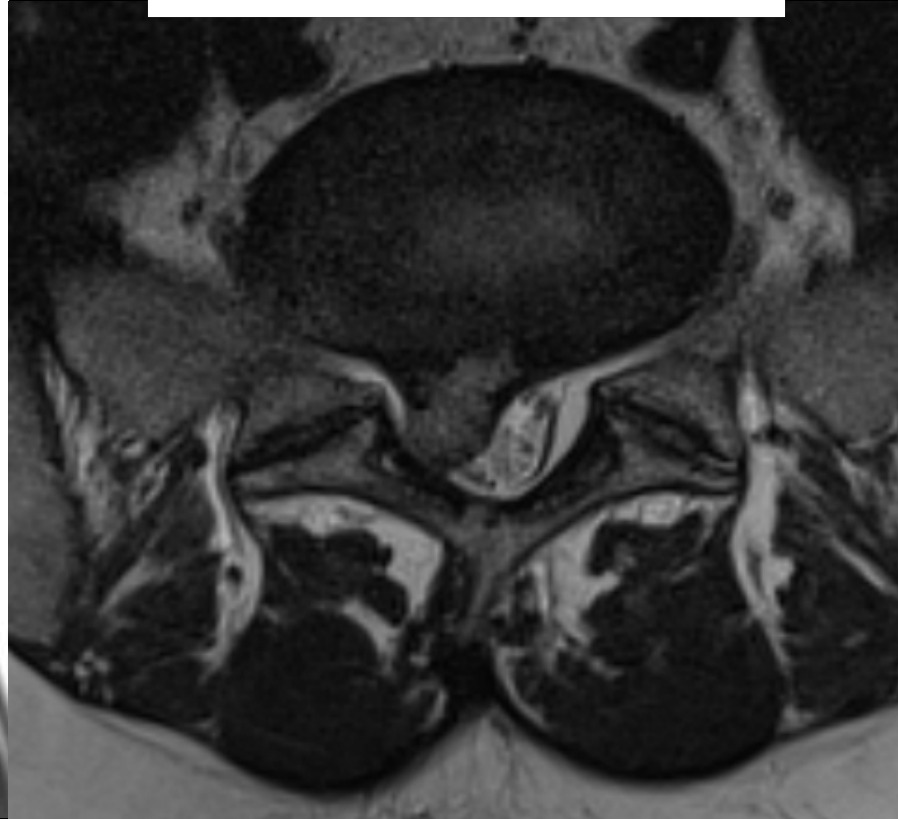
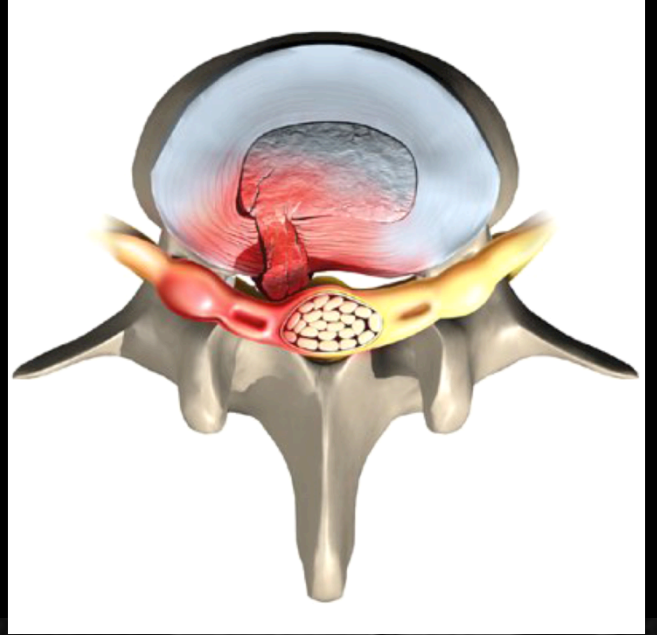


Modic type 1 & Bioclavid

- Baggrundsbefolkningen: 6%
- Lændesmerter: 43%
- Førtdispensionister: 70%

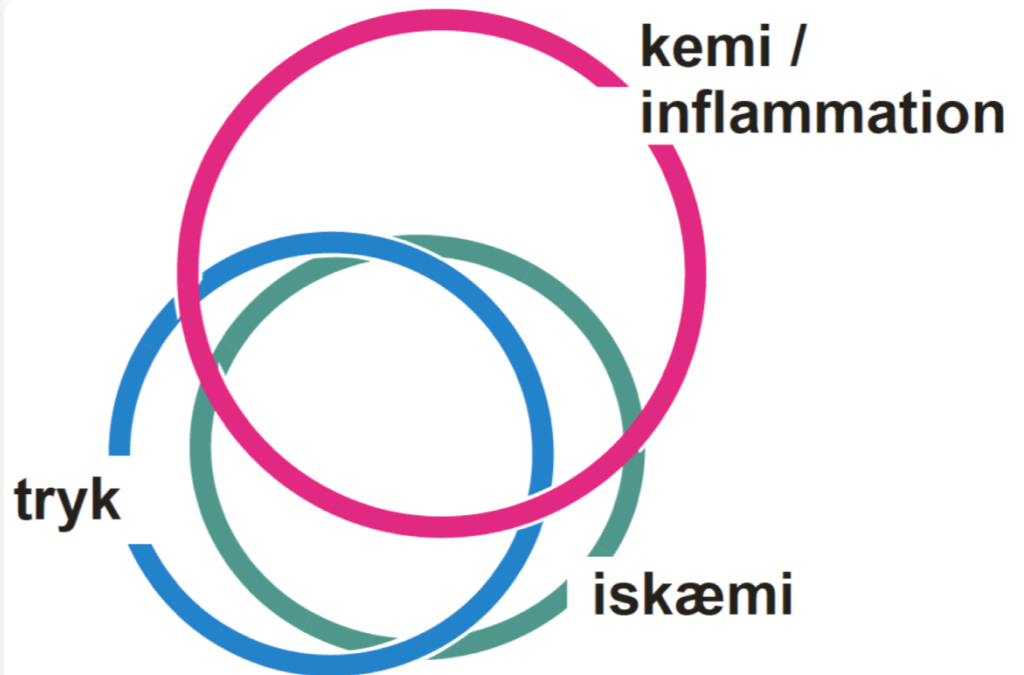
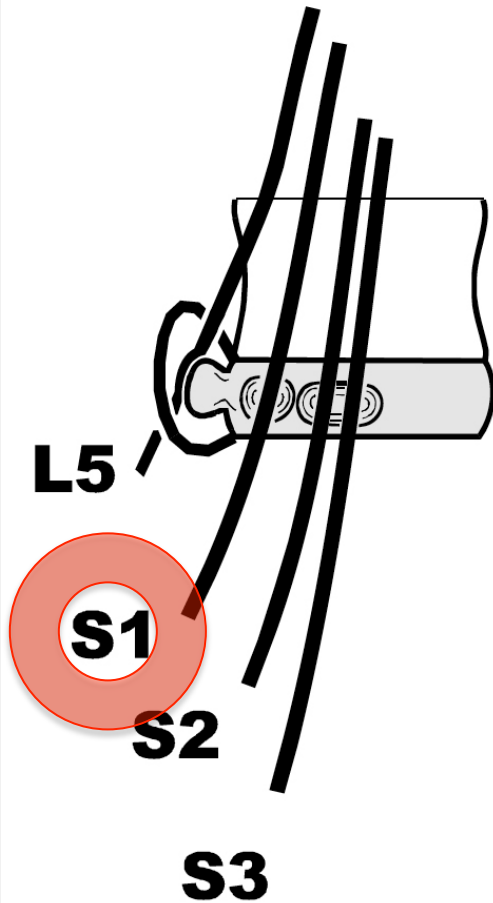
- Propione acnes: propionsyre der "æder" endepladerne
- Bioclavid x 3 i 100 dage
- Modic-klinikker
- Kontaminering?
- Korrekt blinding (bivirkninger)?
- Ren antiinflammatorisk effekt?
- NNT 3-4



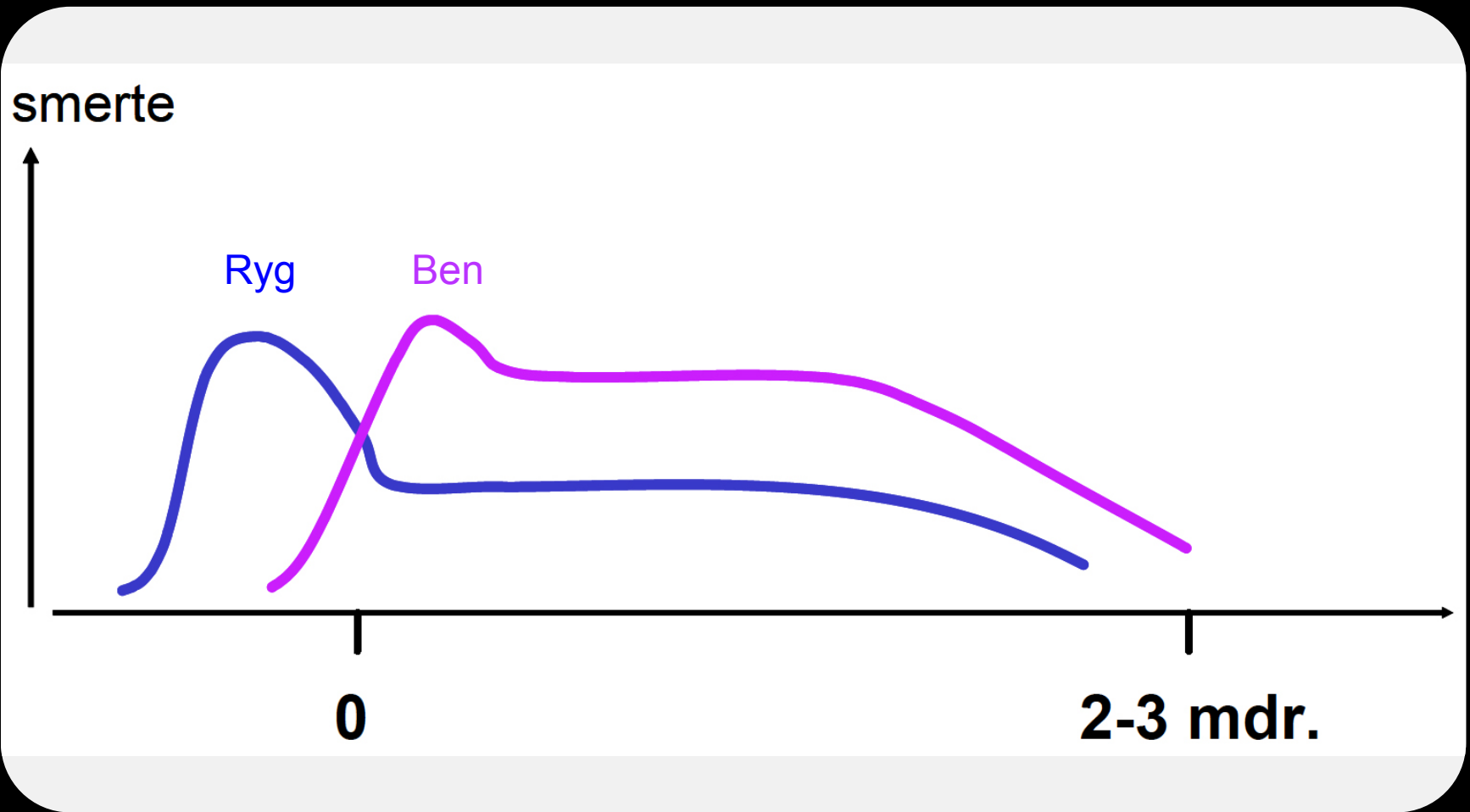


Discusniveau L5/S1

Sensibilisering



Naturforløbet ved discusprolaps



0

2-3 mdr.



Kirurgi eller konservativ behandling?

- De fleste bedres på konservativ behandling: kortvarigt sengeleje, smertestillende medicin, rygøvelser, information
- Elektiv operation:
 - Ved manglende effekt
 - efter 6-12 uger
- Akut operation:
 - Cauda equina syndrom
 - Svær parese
 - Morfikaresistente smerter



Effekten af operation

- Diskusprolaps: 8/10
- Stivgørende operation i lænden: 2/3



FORVENTNING

Tiden?
Sygemelding?
Pension?

Tabel 7.2. Risikofaktorer for forekomst og kronicitet af lænderygmerter.

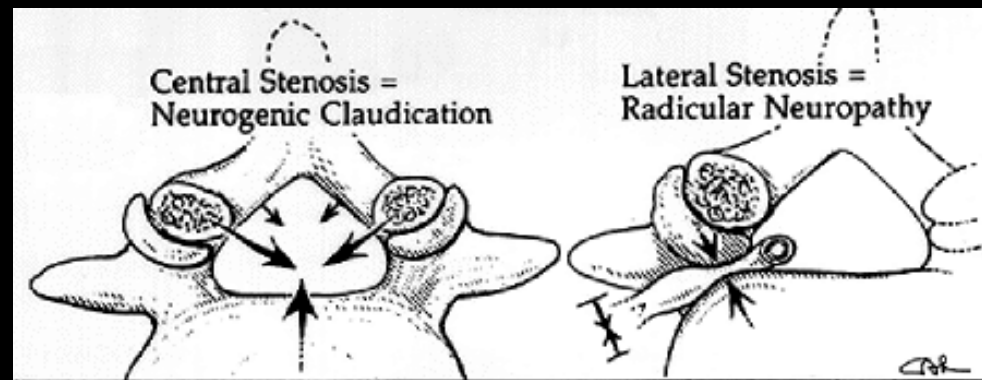
	Forekomst	Kronicitet
<i>Individuelle faktorer</i>	- Alder - Fysisk form - Arvelighed - Nedsat udholdenhed af rygmuskulatur - Rygning - Dårligt helbred - Lavt uddannelsesniveau - Lav socialgruppe	- Overvægt - Kraftig smerte og funktionsnedsættelse - Ischias smerter - Langvarig sygemelding
<i>Psykosociale faktorer</i>	- Stress - Bekymring - Dårlig kognitiv funktion - Lav jobtilfredshed	- Depression - Somatisering - Aggraverende (overdreven) sygdomsadfærd
<i>Arbejdsrelaterede faktorer</i>	- Dårligt arbejdsmiljø - Mange belastende vrid - Mange gentagne bevægelser - Mange helkropsvibrationer	- Arbejdsskadesag, erstatningssag eller pensionssag under behandling - Tungt arbejde / mange løft ved tilbagevenden til arbejde



Lumbal spinalstenose

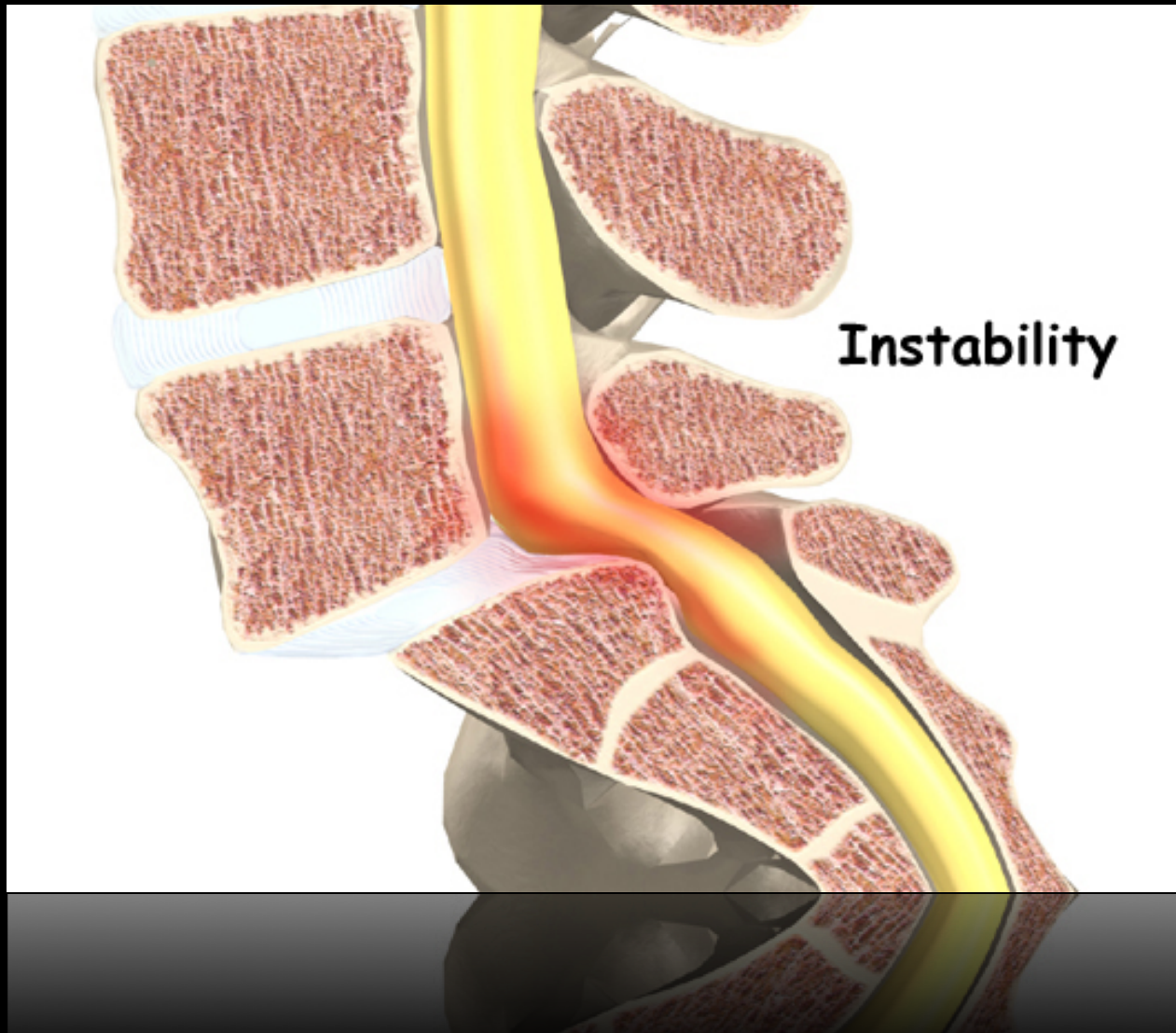
- Rygsmerter
- **Radikulære smerter** (oftest uden neuoudfald)
- **Neurogen claudicatio** ved gang: reduceret gangdistance – ingen problemer med at cykle
- Foroverbøjning lindrer – ekstension forværrer
- Progredierende og intermitterende symptomer – forværring ved aktivitet





Evt. sammen med olistese (glidning)

I givet fald udføres spondylodese (stivgørende operation)



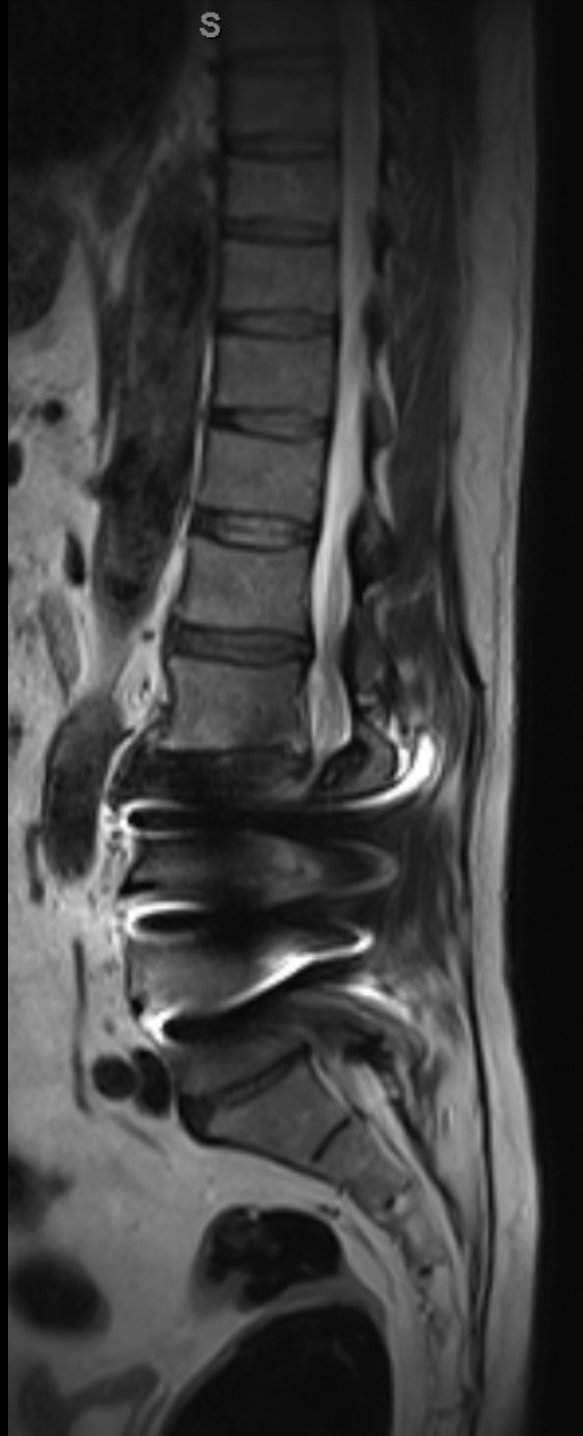
CASE

- 70-årig mand (tidligere skibsmontør)
- Lumbal dese L3-L5 i 1999
- Rygsmerter med udstråling til venstre ben
- Positiv strakt-ben-test
- Blæreskanning: 800 ml
- Svært nedsat perianal sensibilitet
- Ophørt voluntær sfinkterkontraktion
- Rimelig sfinktertonus
- Tidspunkt da du ser pt: 23:30

Diagnose?
Udredning?

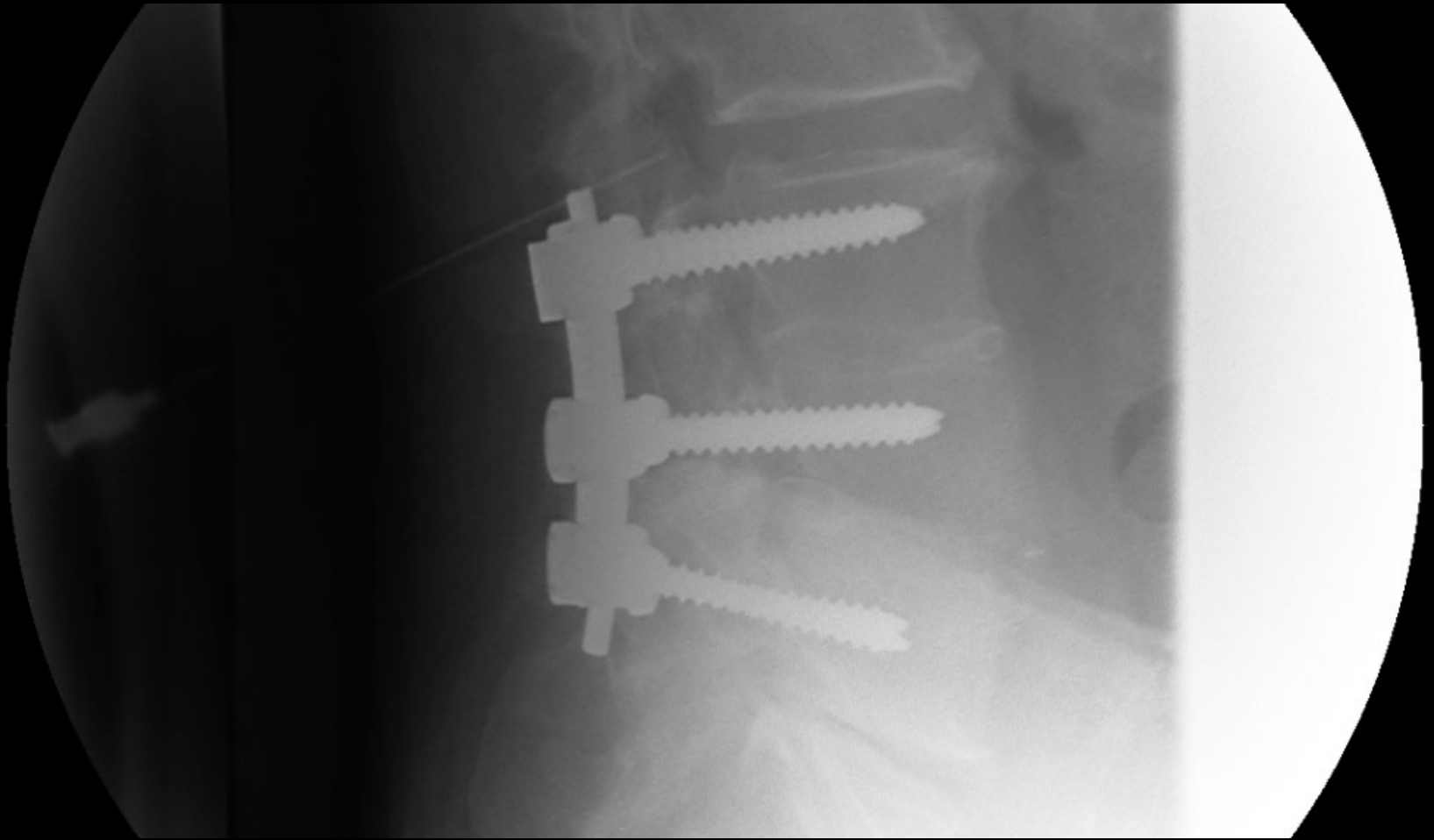
CT-skanning



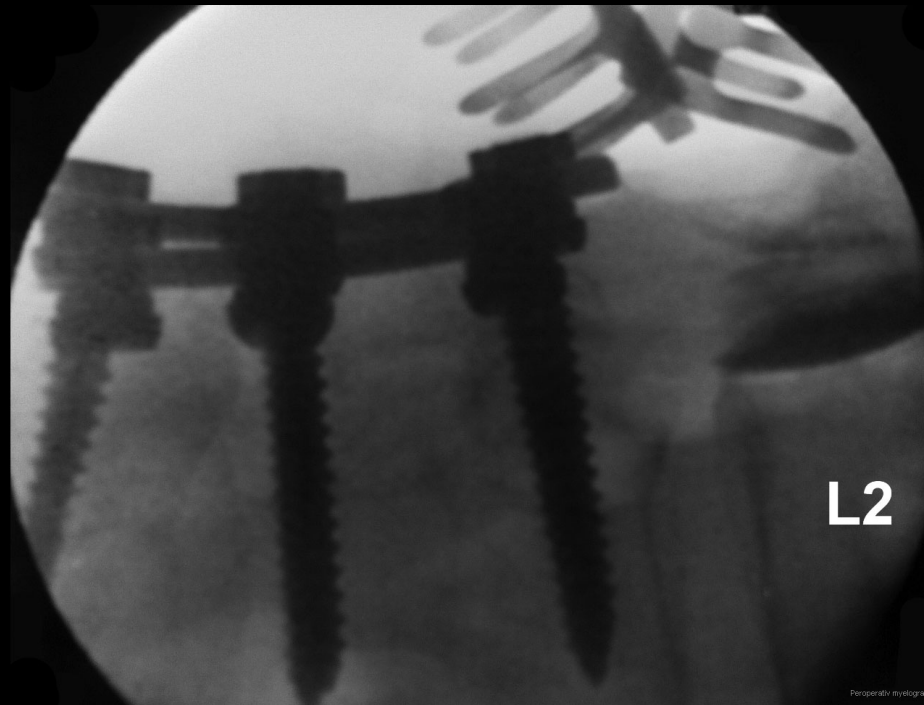


MR-skanning

Myelografi

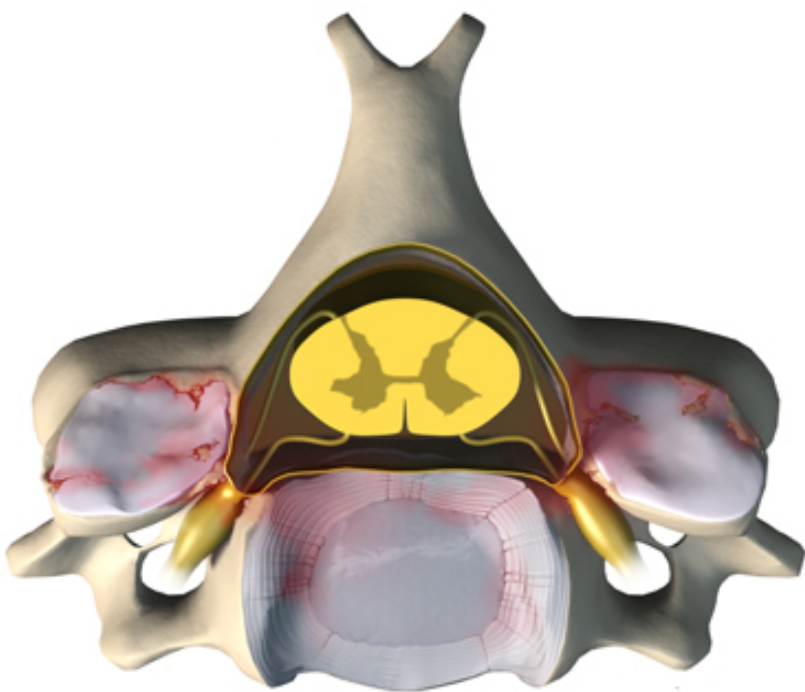


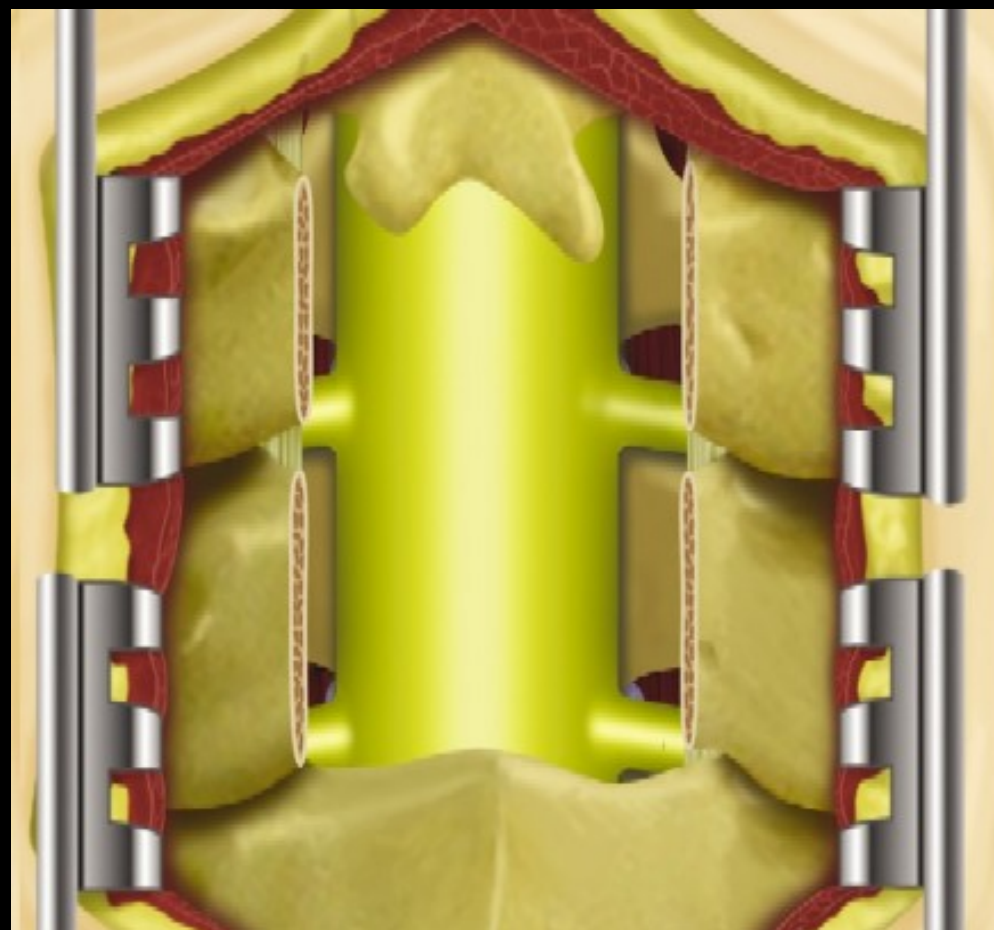
Peroperativ myelografi



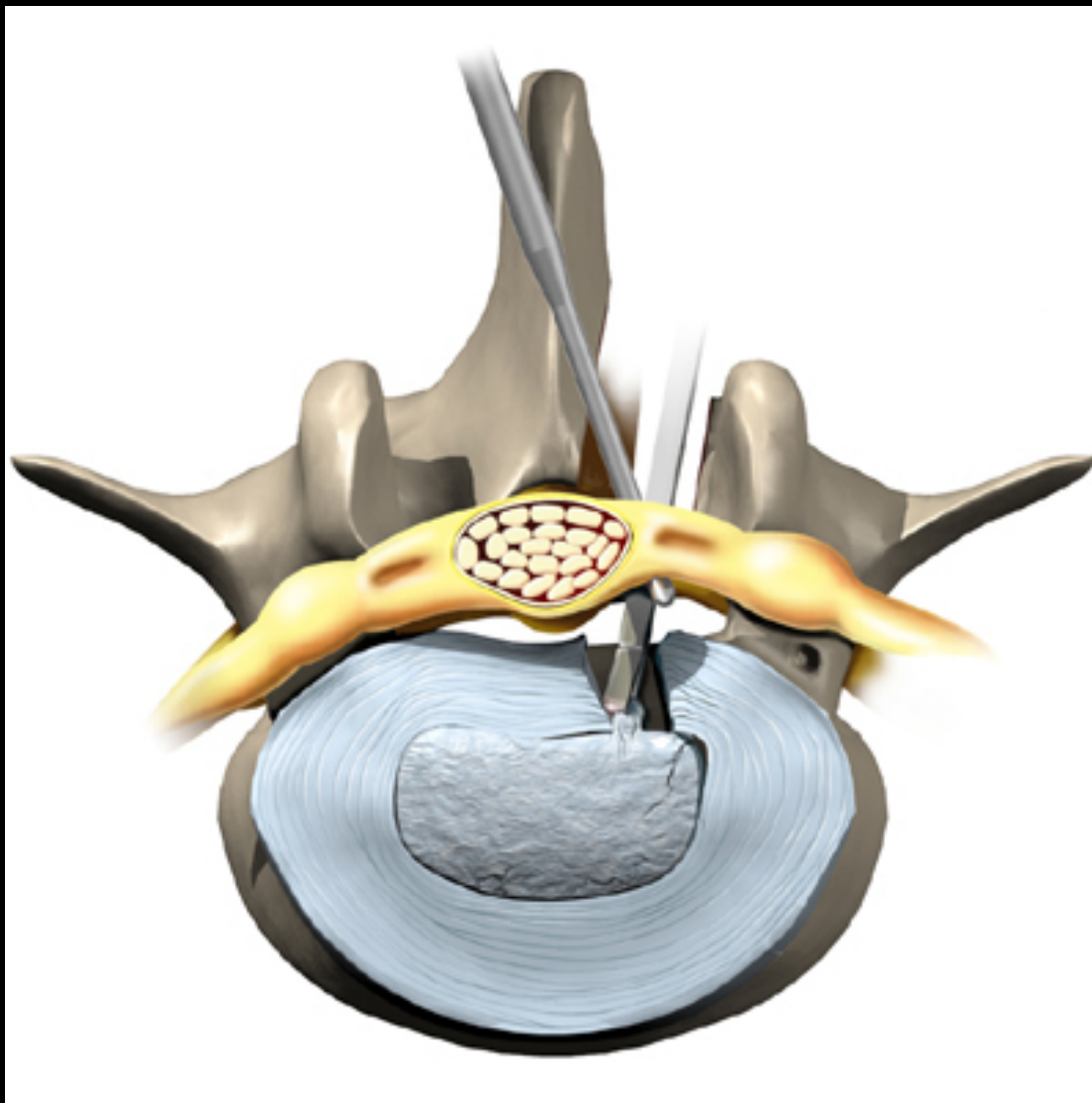
RYGKIRURGI

- DEKOMPRESSION (FRILÆGNING)
- SPONDYLODESE (STIVGØRING)
- KORREKTION (OPRETNING)

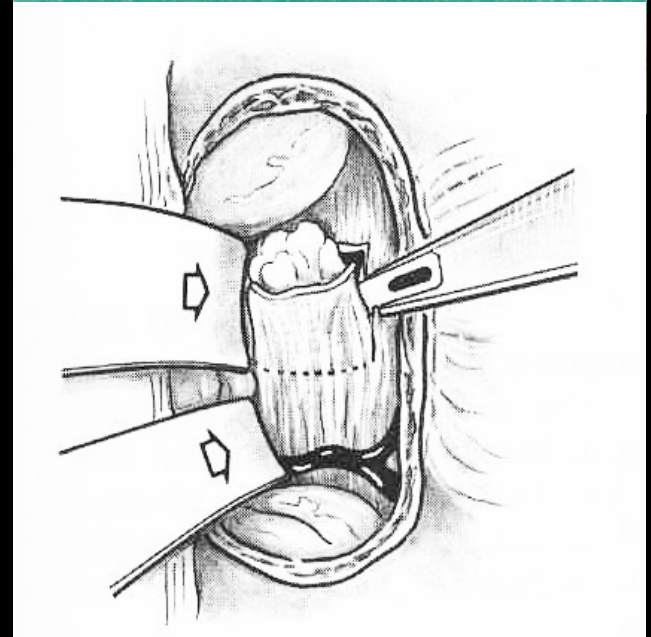




Partiel hemilaminektomi

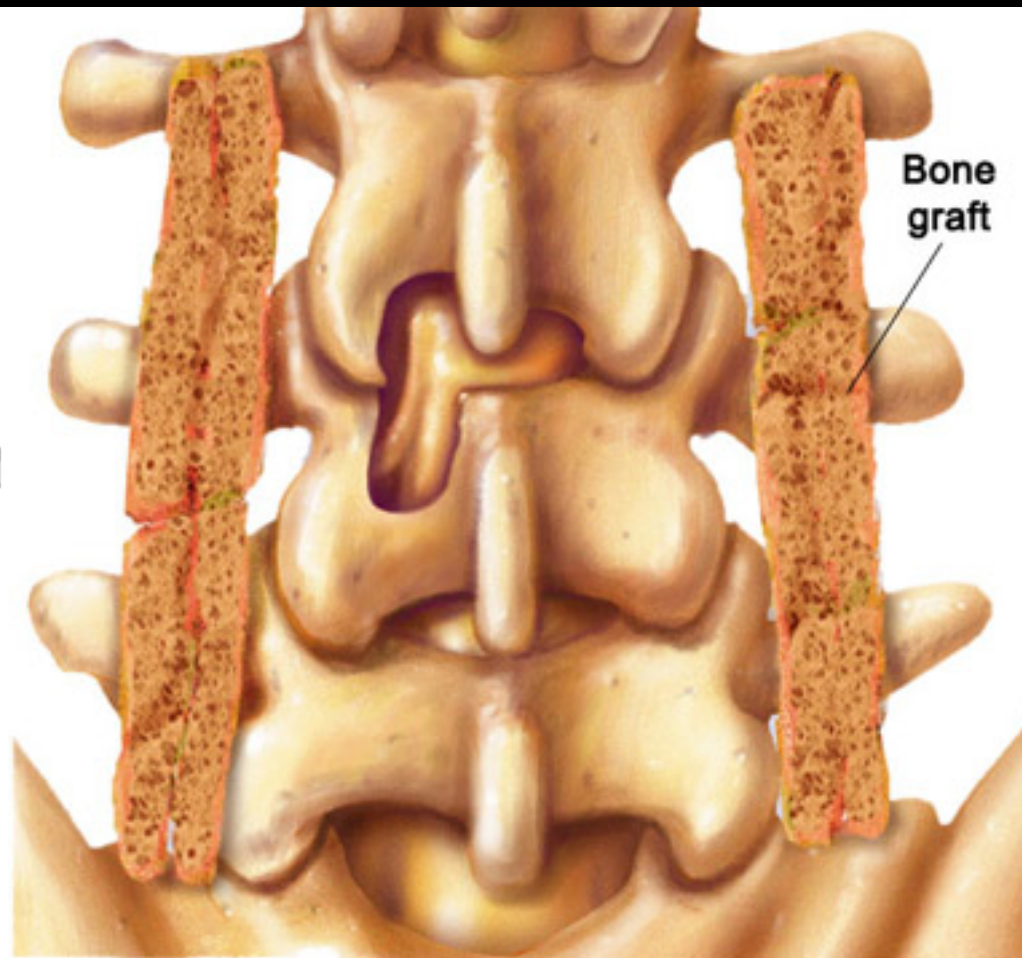
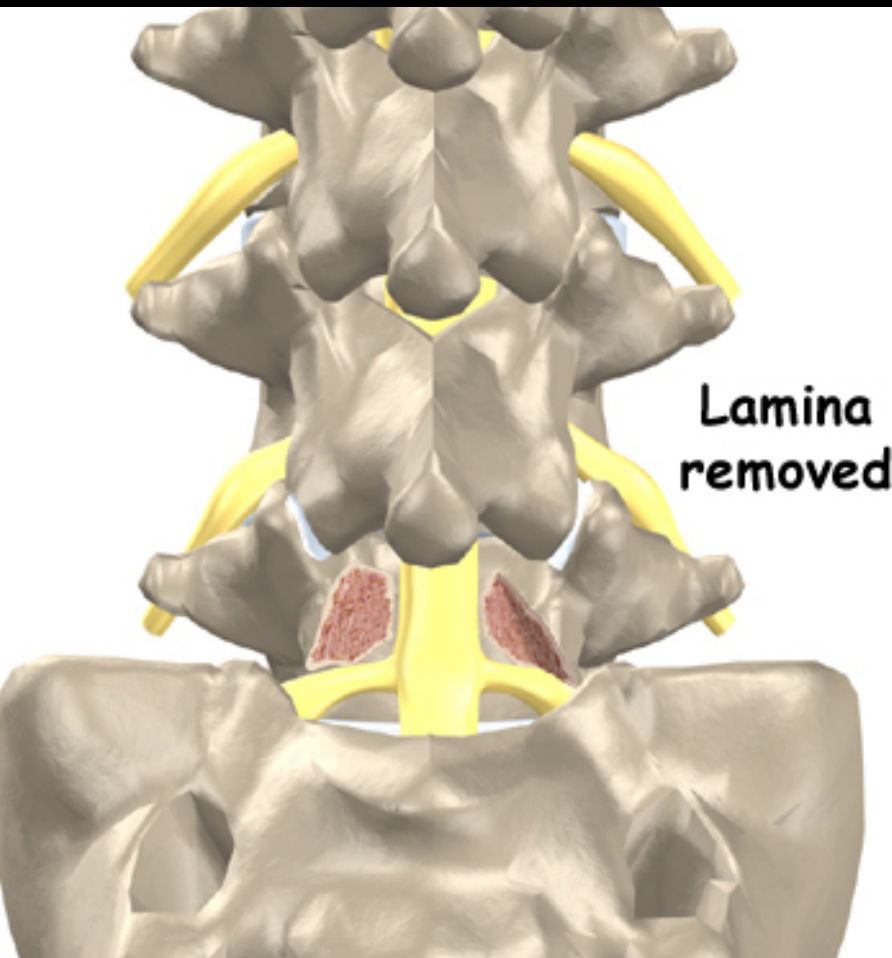


- Klassisk diskektomi
- Mikroskop v/ recidiv
- Evt. dese



Laminektomi, rodfrilægning, NID

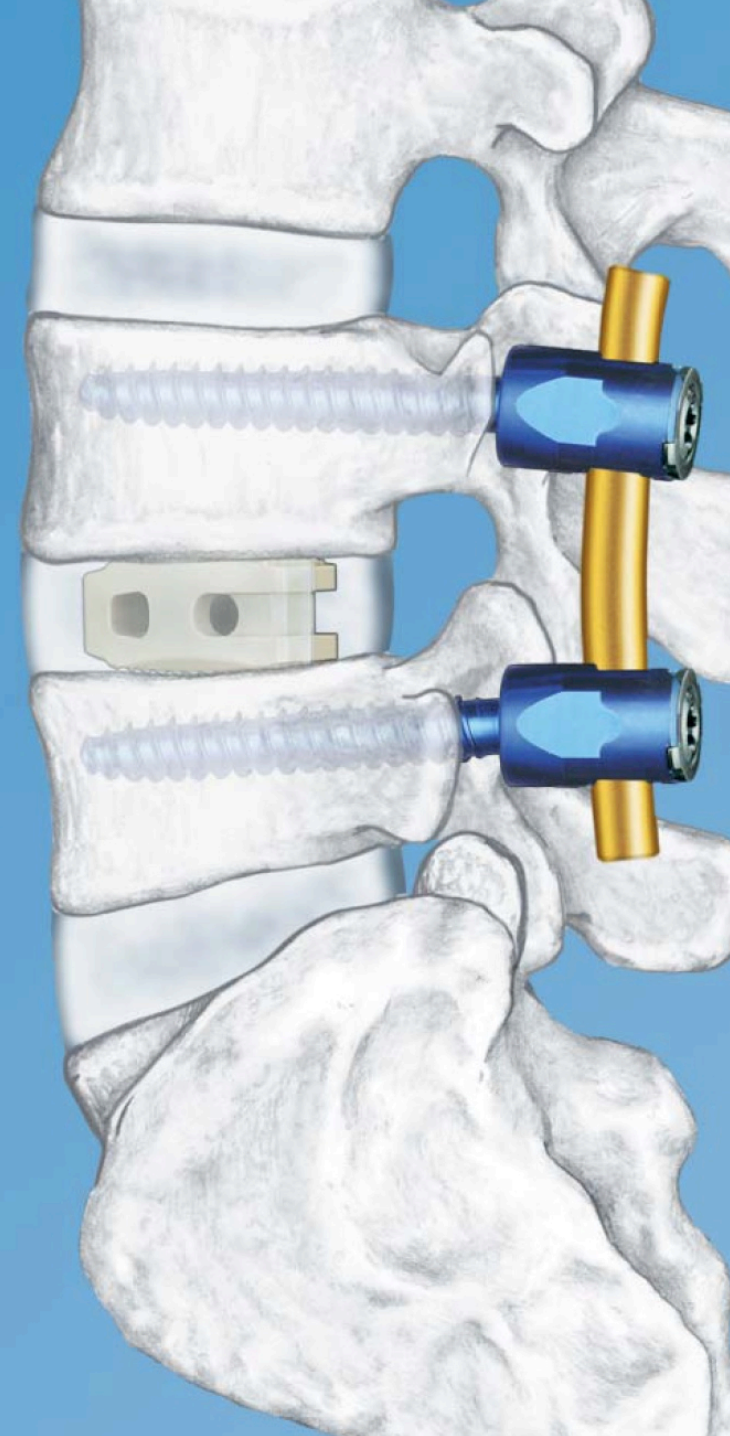
Facetleddet bevares – 4% udvikler instabilitet

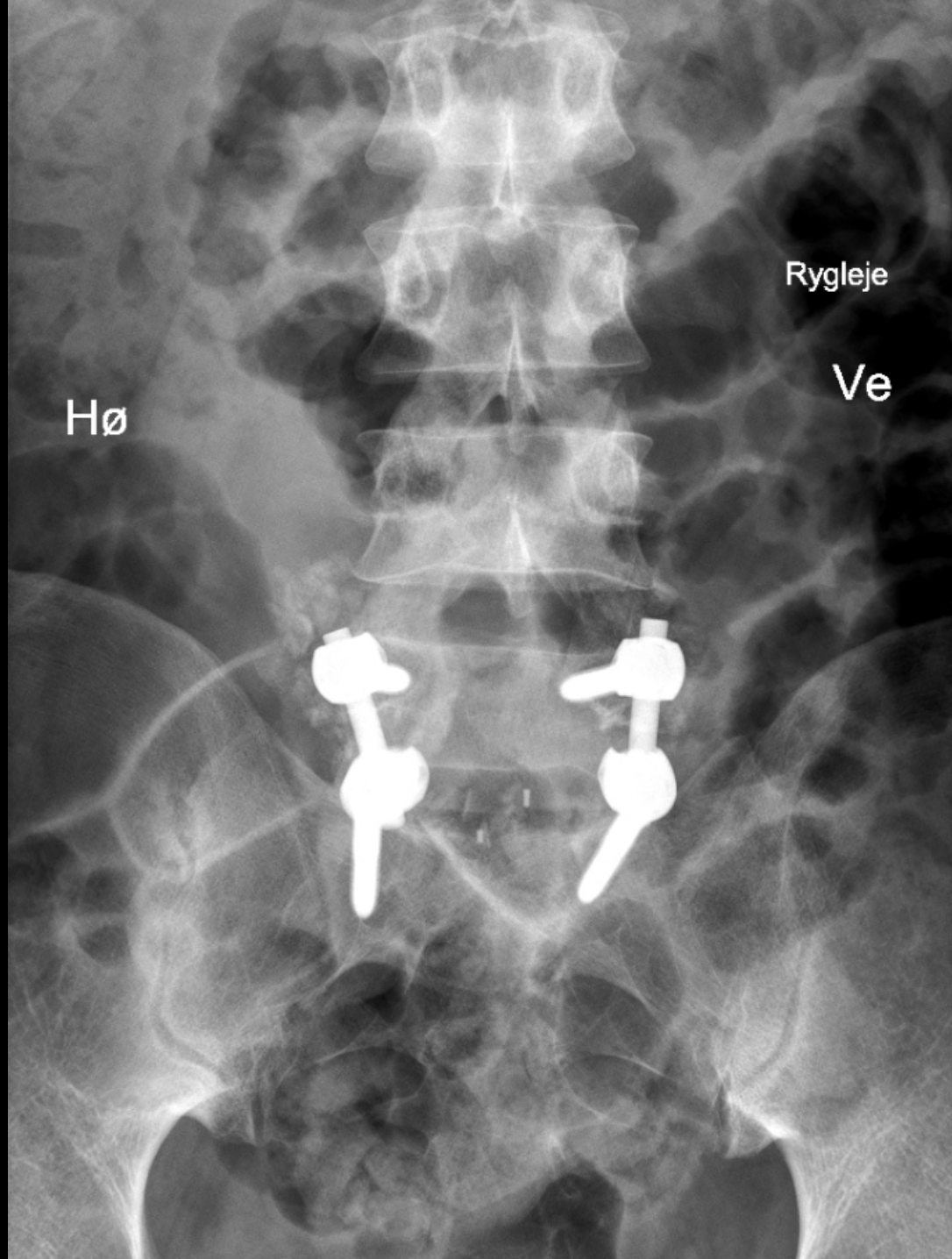
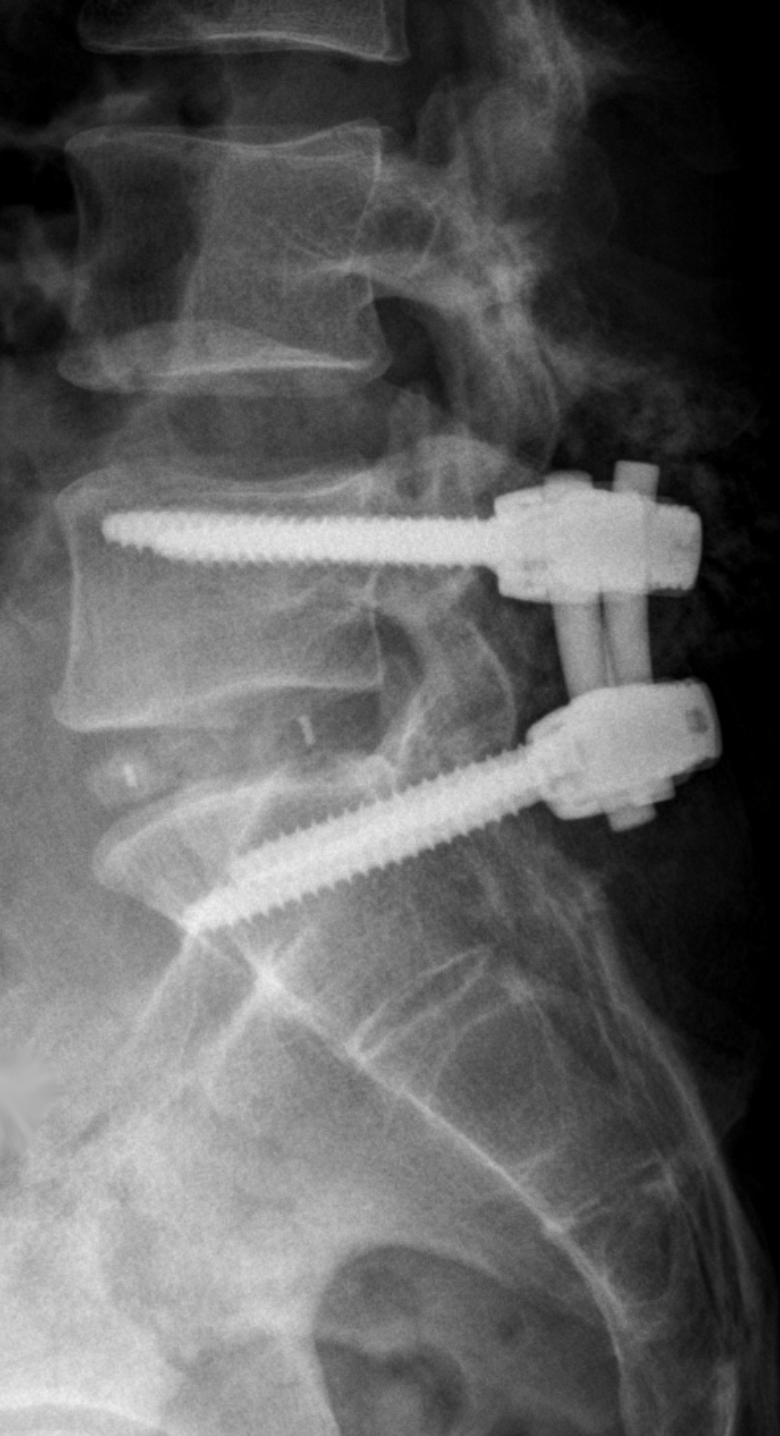


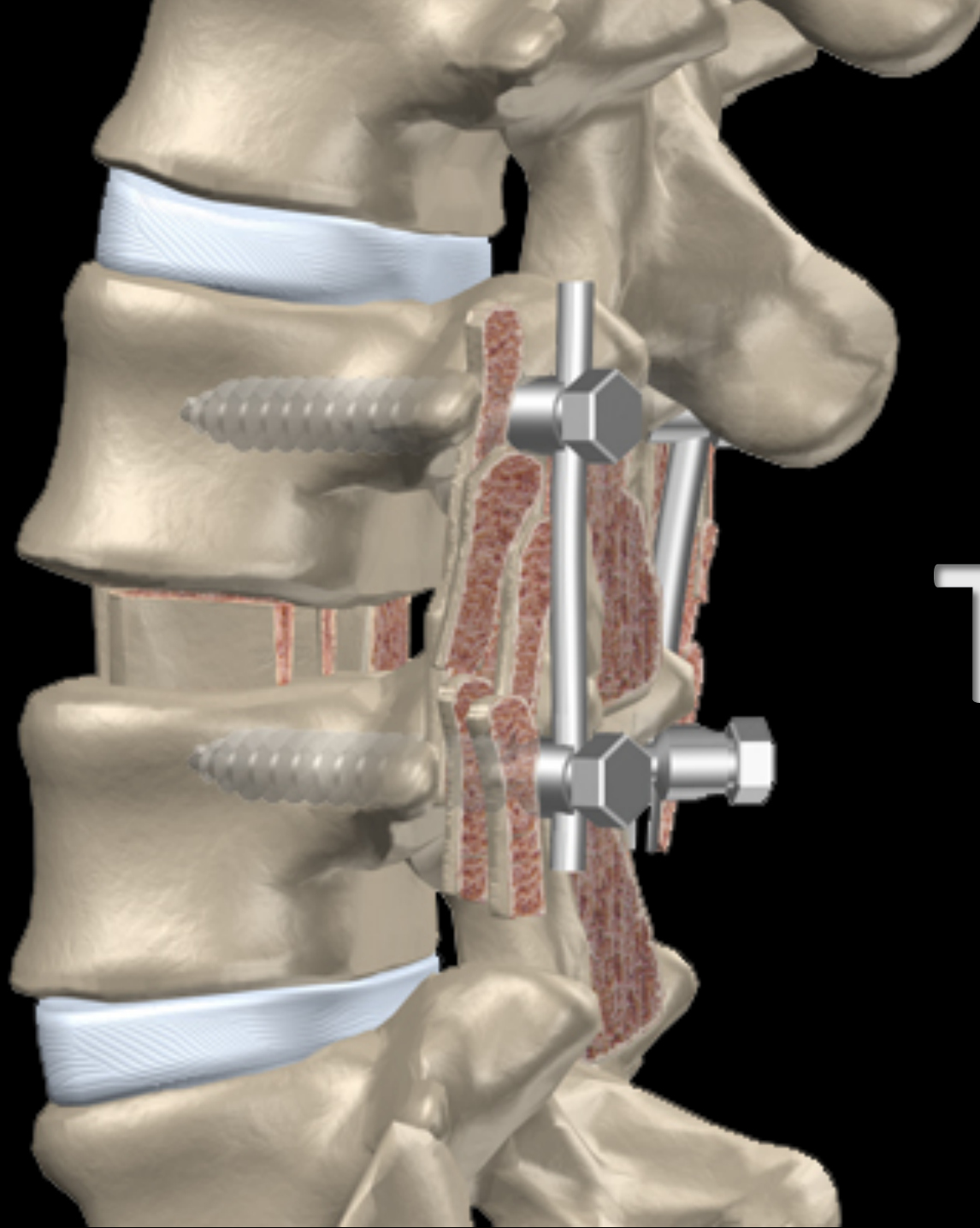
L4/L5-Dese

Transforaminal Lumbar Interbody Fusion

- Pedikelskruer
- Stave
- Diskectomi
- TLIF-Spacer (Opal)
- Knoglestykker evt. transplantat

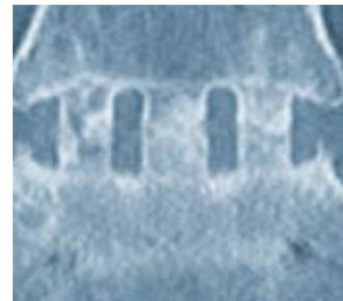
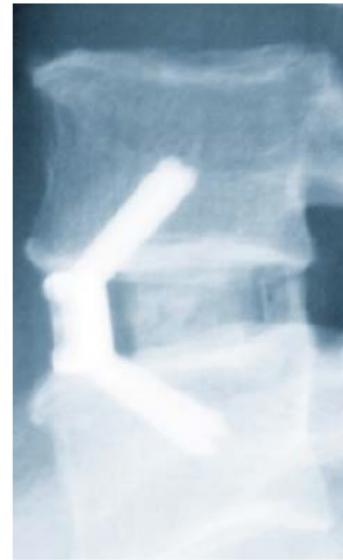
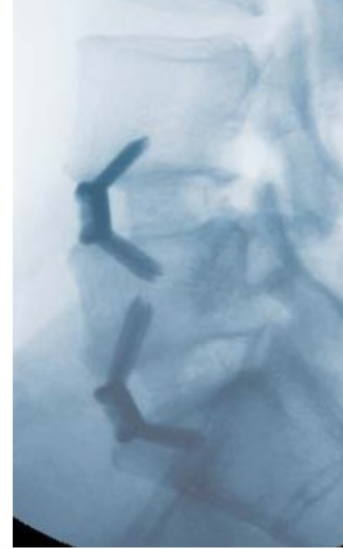
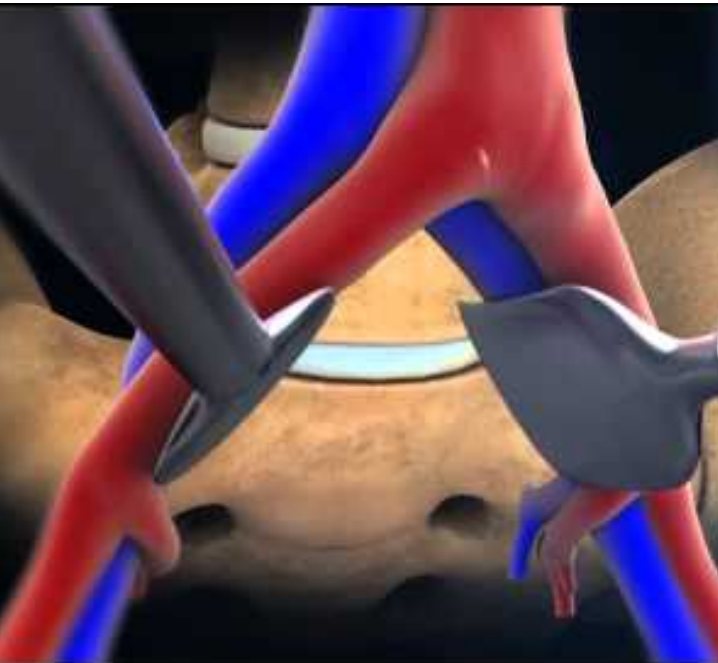
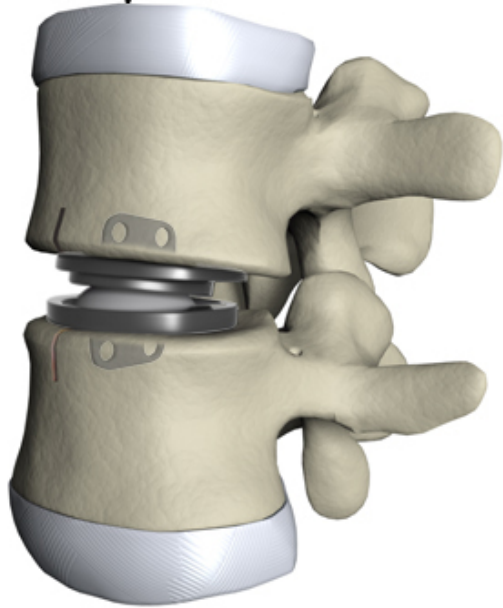


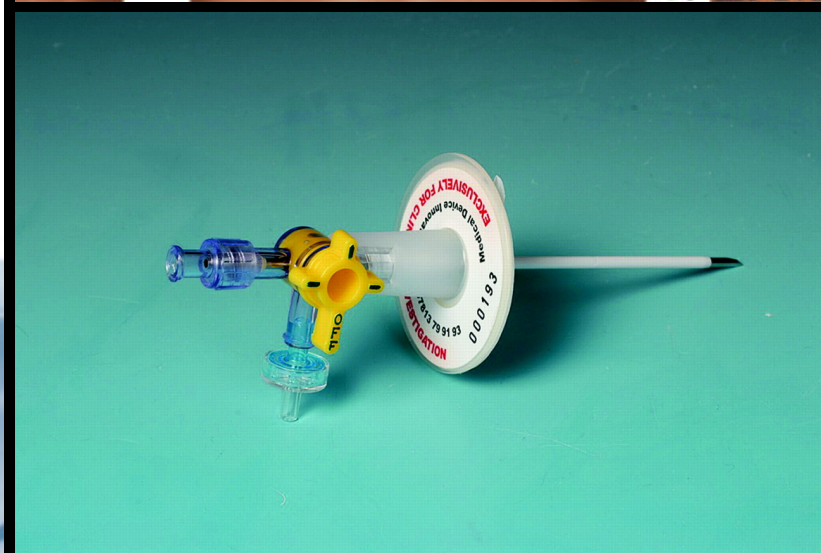
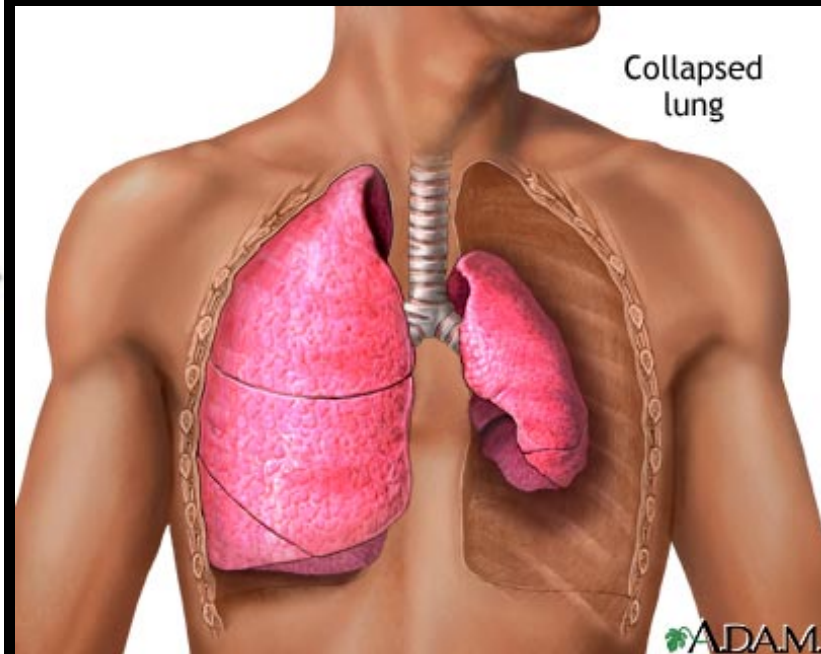
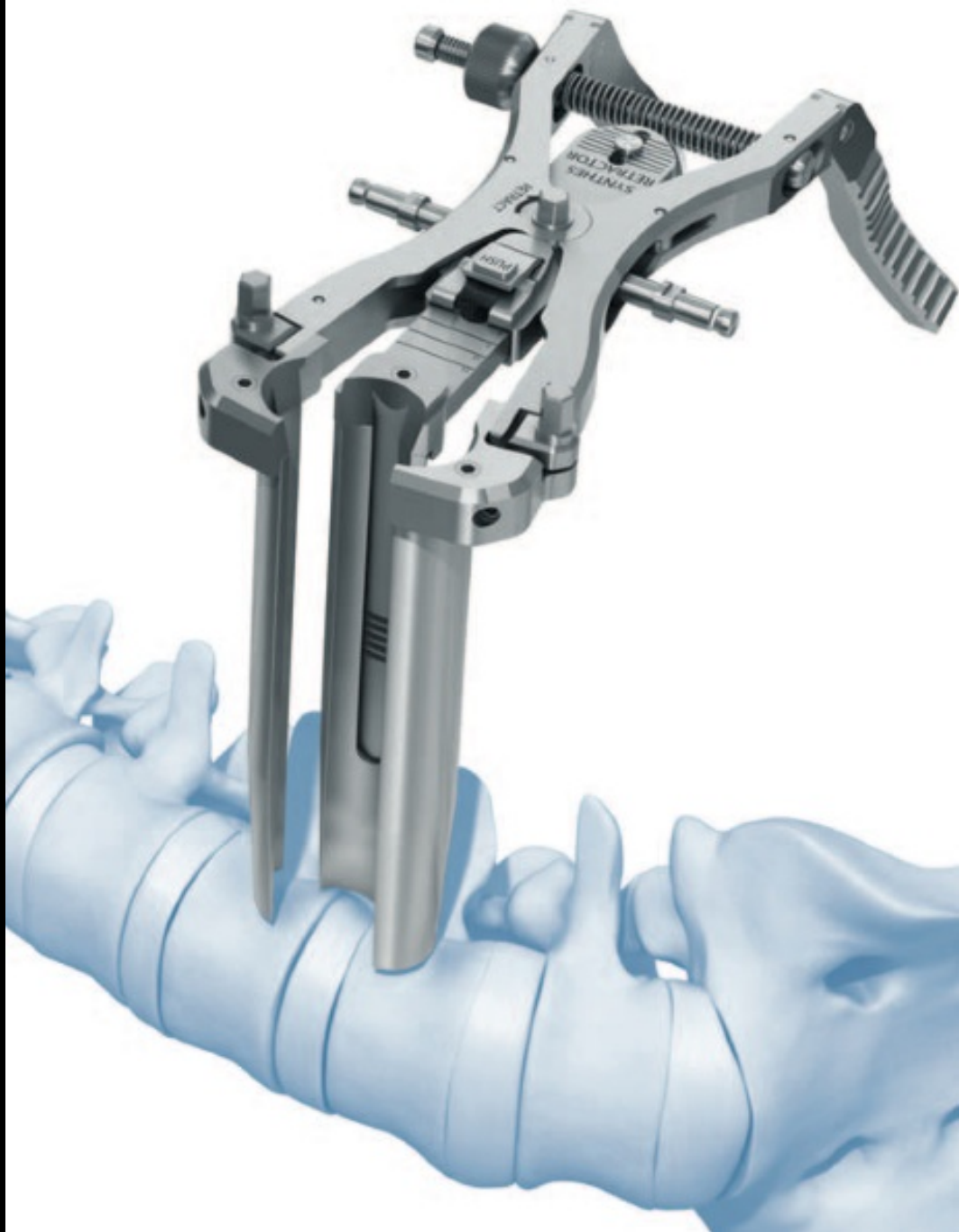


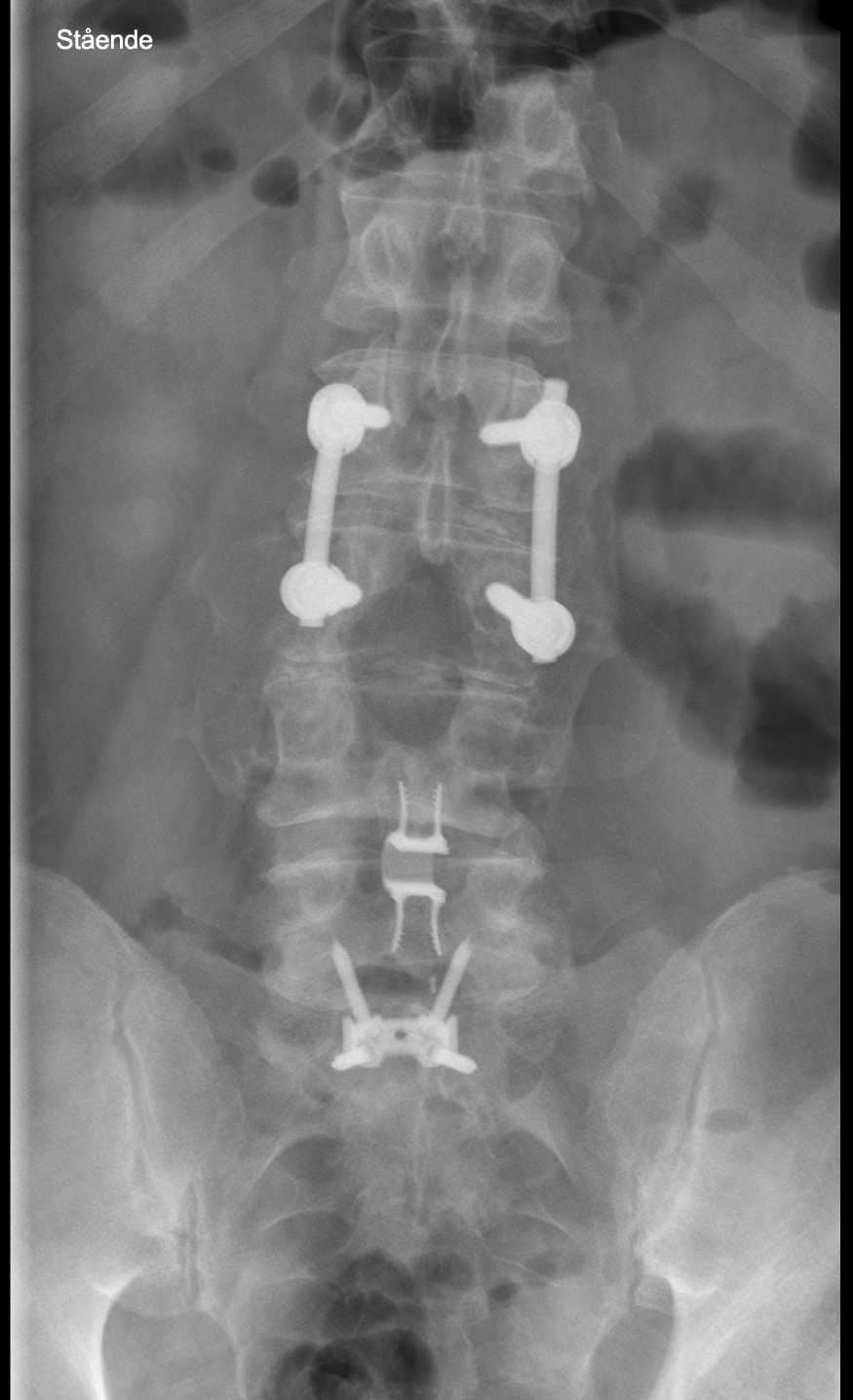


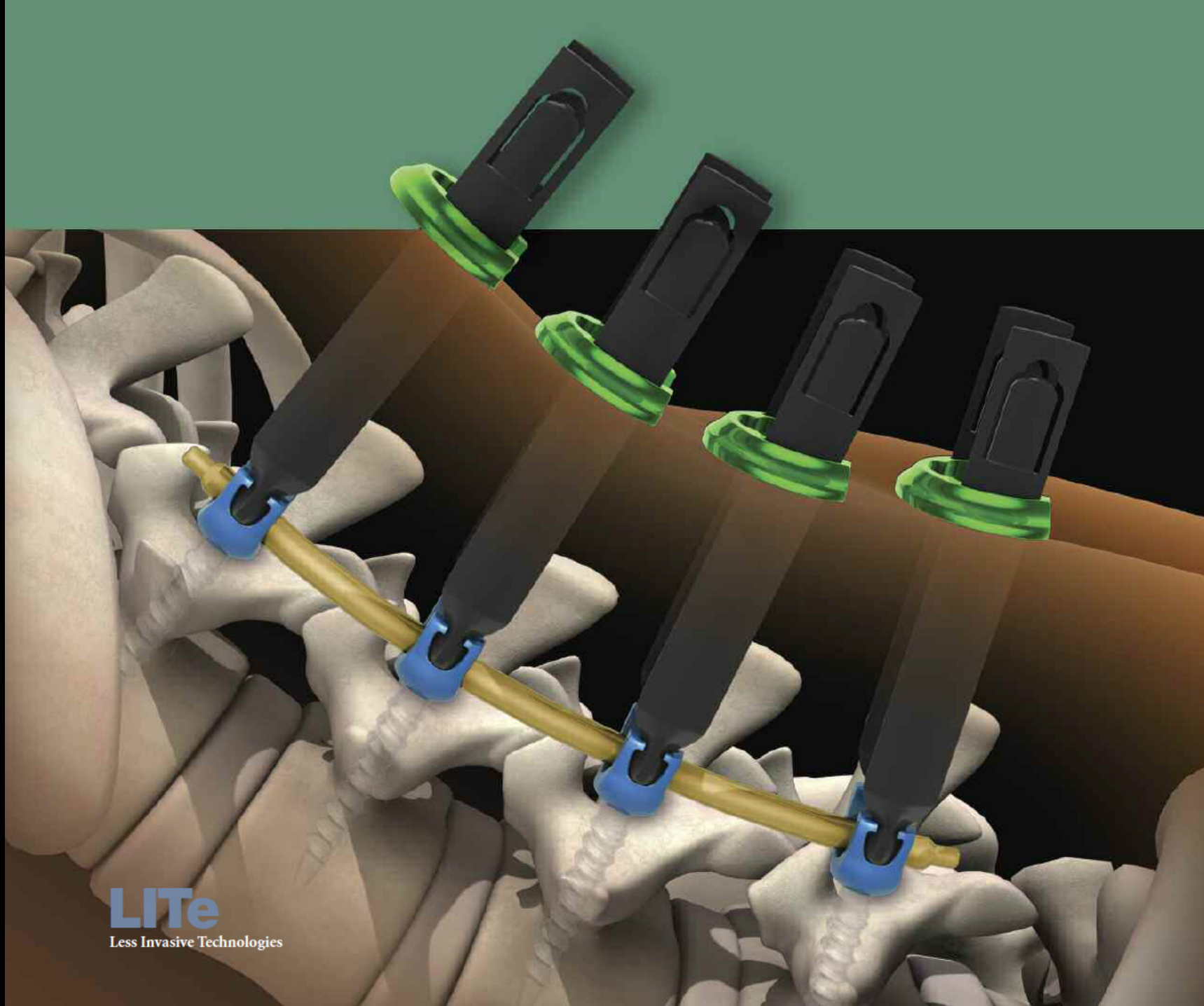
TLIF

Lumbar Artificial Disc Replacement



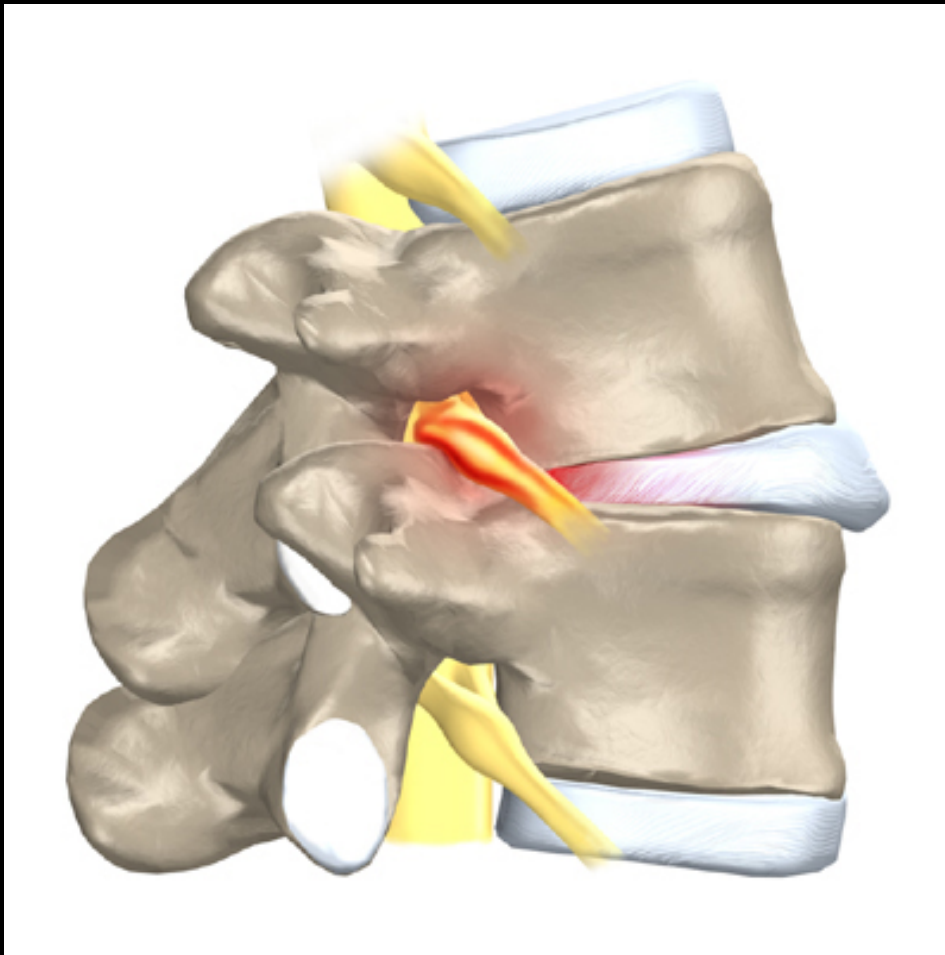




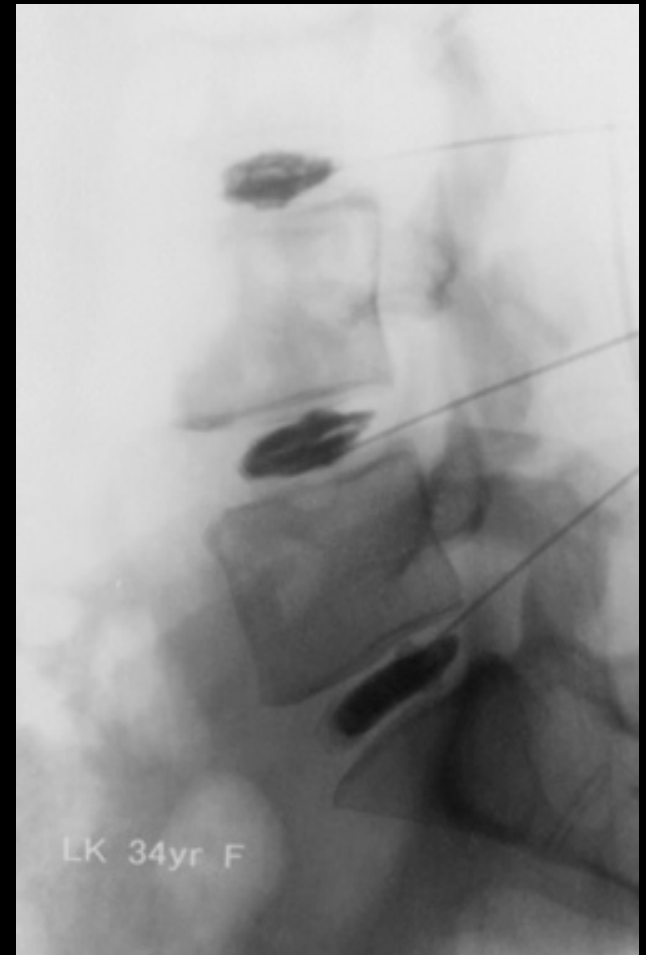


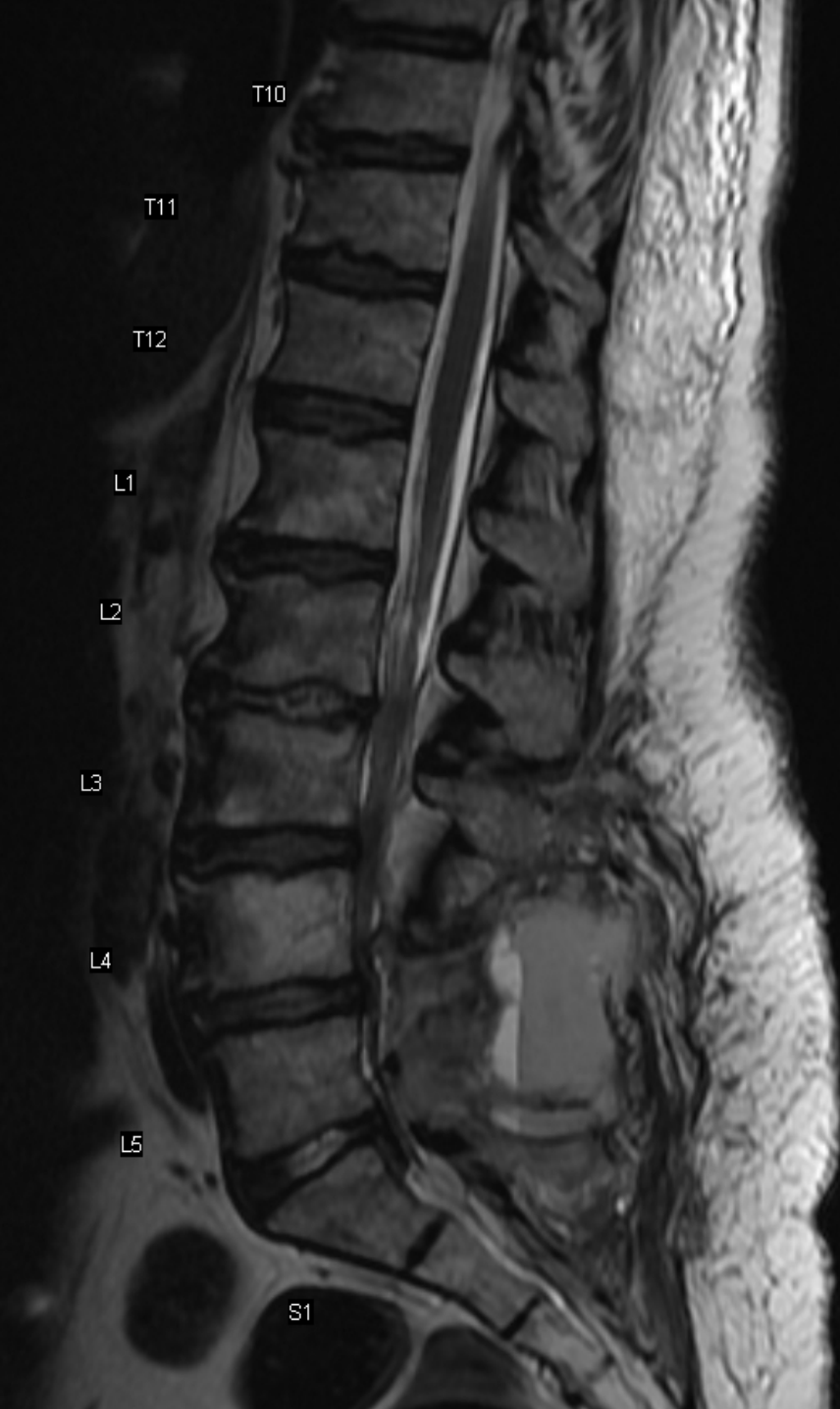
LITe
Less Invasive Technologies

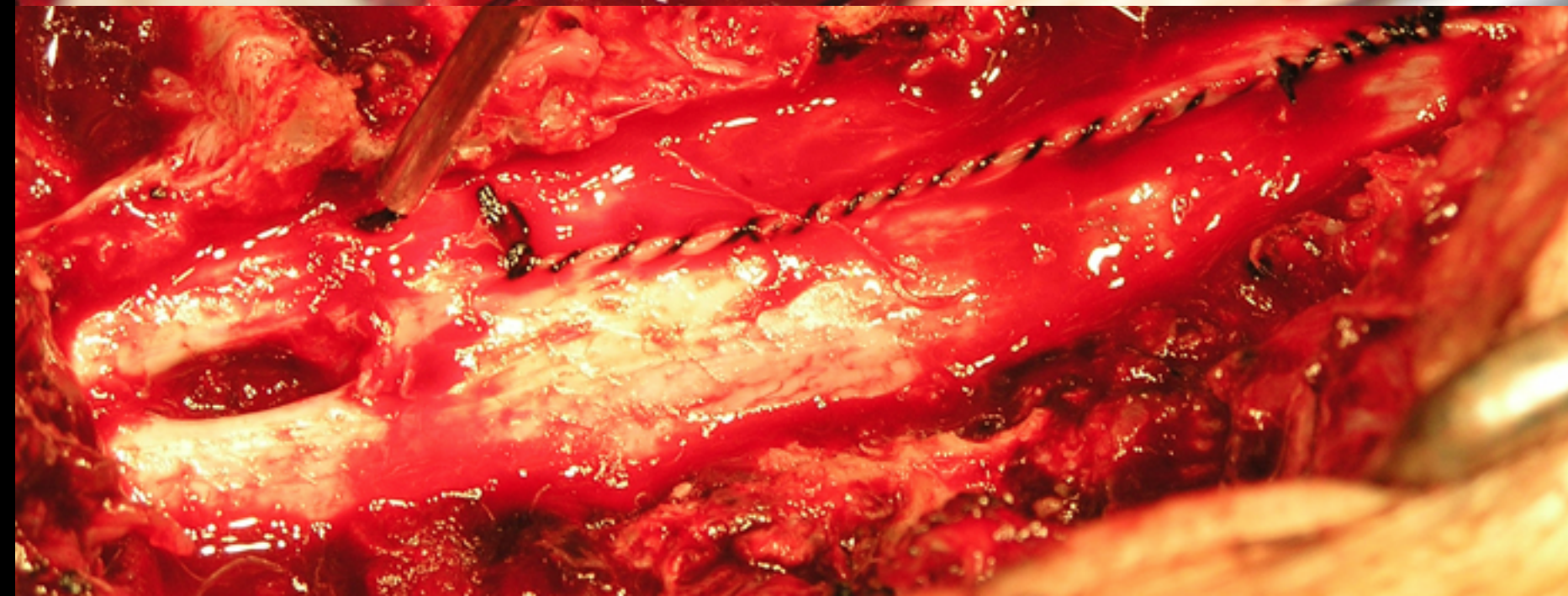
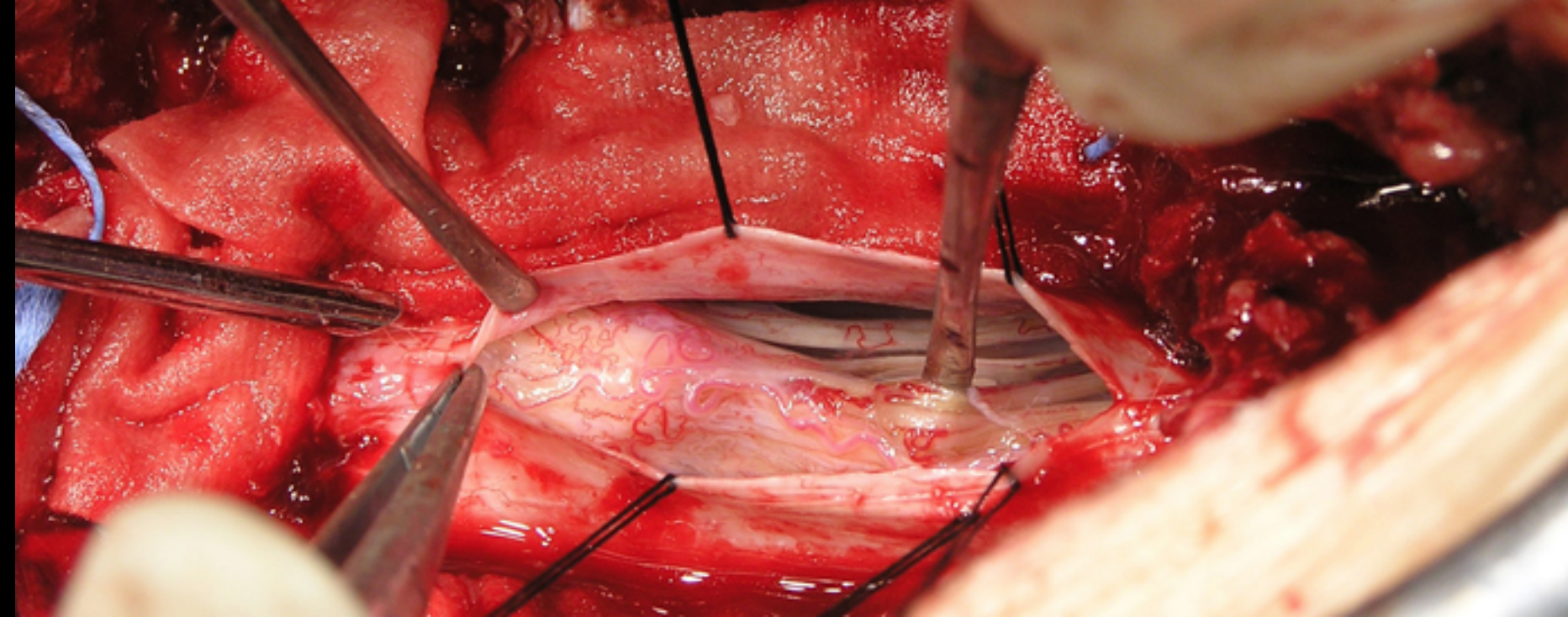
Rodblokade



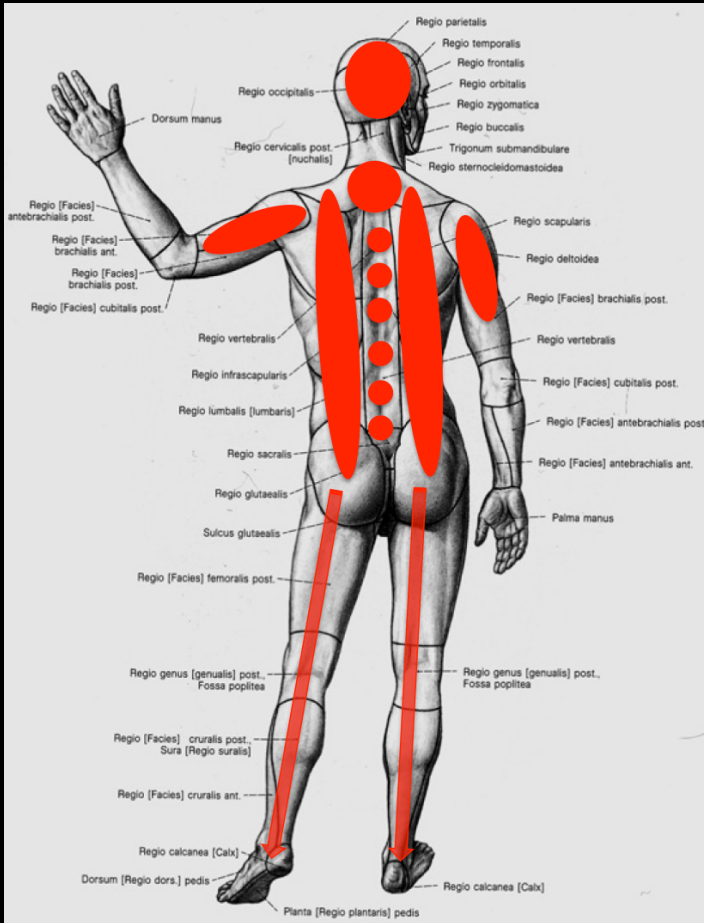
Diskografi







Somatisering



- Komplekst - mange subgrupper
- Smerter: fibromyalgi, piskesmæld
- PTSD/PNES: kendt psykotraume
- Depression
- Overbekymring: ved f.eks. cancer
- Forsikringssvindler: Crash-for-cash
- Almindeligt forekommende symptomer
- Aldersbetingede, degenerative forandringer
- Sekundær gevinst – bevidst eller ubevidst

Polysymptomatologi. Overdriver symptomerne, symptomfiksering, atypiske symptomer. Overdriver medicinforbruget eller udfald – kan afledes. Underdriver funktionsniveauet. Waddell

CAVE Kirurgi

Distraktionstest



Positive Flip Test

