

Case presentation

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Case history:

- 55y/ m, farmer
- c/o Left lower limb radicular pain since 2m
- Started after lifting heavy weight at work place
- Sudden onset, gradually progressive, severe pain
- Associated with Low back pain and numbness over left foot
- Leg pain is predominant
- Pain aggravated on forward bending and lying flat
- Partially releived with medications

- No trauma
- No fever, no loss of weight or loss of appetite
- Bowel and bladder habits regular
- No previous surgeries
- No known medical comorbidities
- Non Smoker / occasional alcoholic
- Mixed diet

On examination

General examination:

- Vitals stable
- Systemic examination
 - CVS : normal
 - RS : normal
 - PA : soft, no organomegaly
 - CNS : conscious, oriented
- Head to toe examination: NAD

Local examination

Inspection:

- From behind:
 - list towards left side
 - Head center over both shoulders
 - Both shoulders, scapula and iliac crest at same level
 - No coronal plane deformities of spine
 - No scars/sinuses
- From side:
 - No sagittal plane deformity
 - Decreased lumbar lordosis
- From front:
 - No chest deformity
 - Both shoulders same level
 - Both ASIS same level

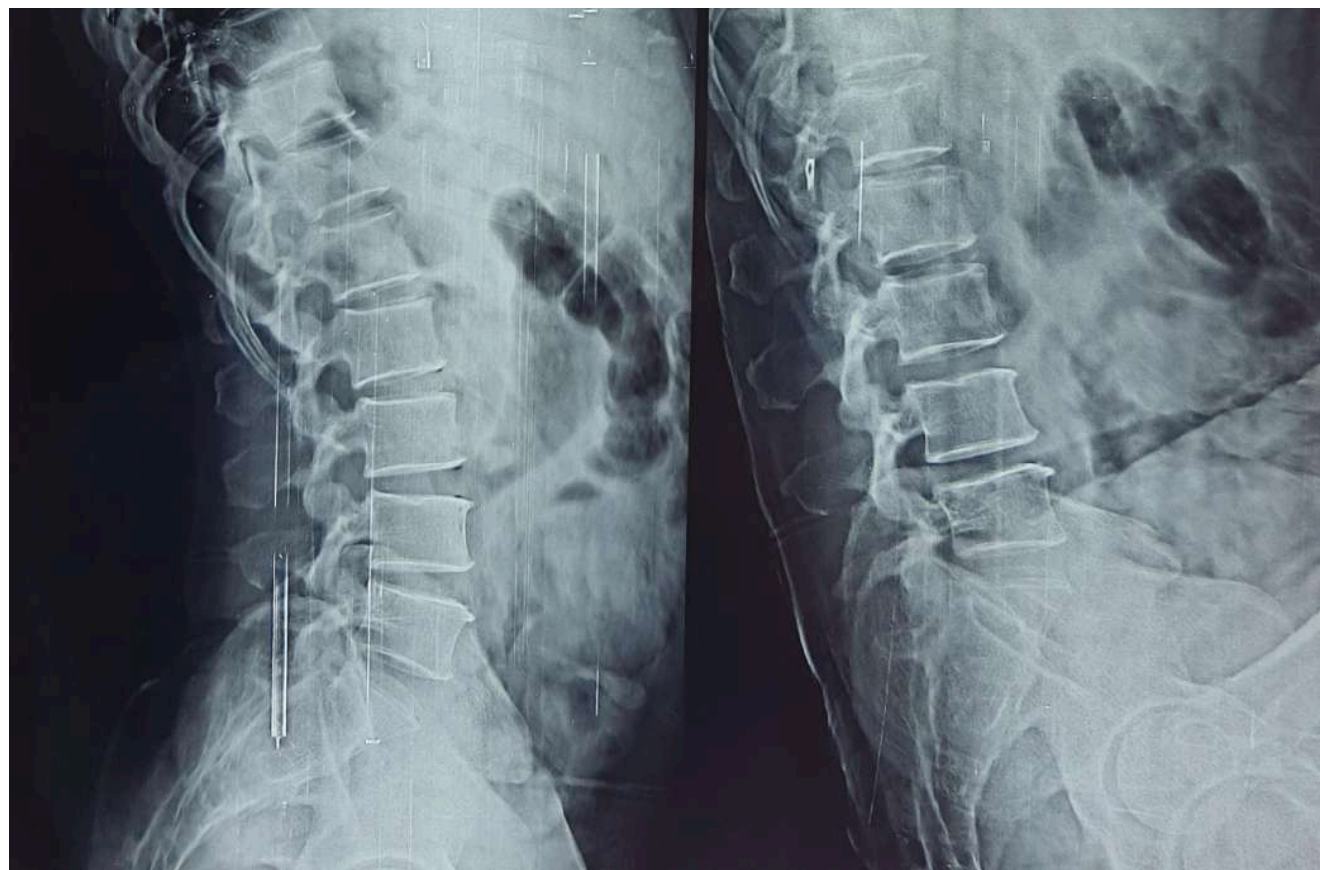
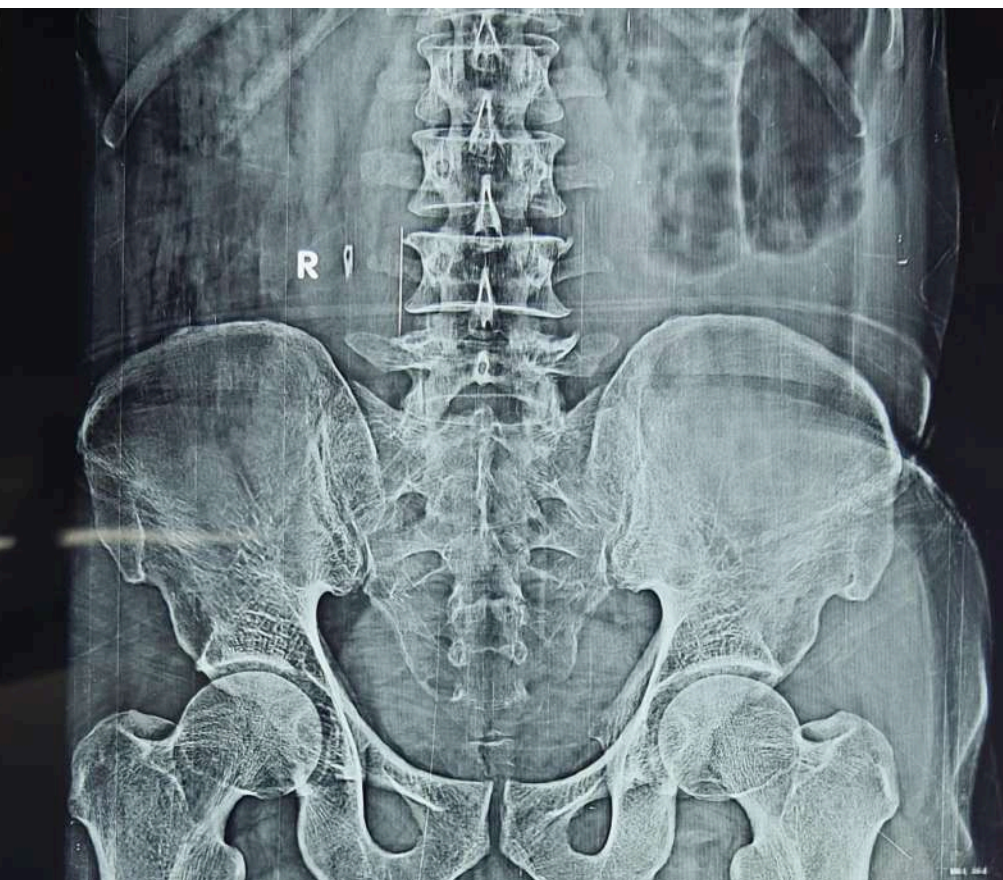
- Palpation:
 - Inspectory findings confirmed
 - No local rise of temperature
 - Paraspinal spasm present on both sides
 - No point or twist or thump tenderness over the spine
- Movements
 - Flexion: patient not able to flexion due to pain
 - Extension : 20* painful
 - Rotations : painful, restricted
- Special tests
 - Modified schobers test: not able to assess
 - SLRT: left side 30*
 - Cross SLRT and FNST is negative
 - FABER : negative

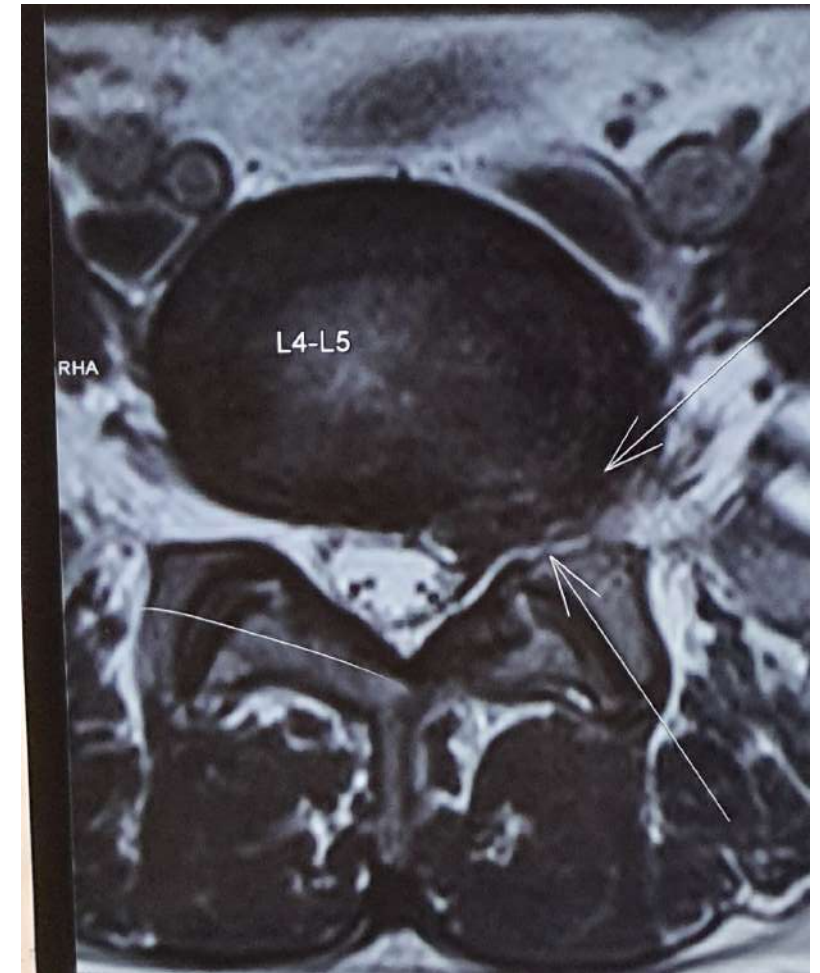
- Neurological examination
 - HMF – speech and memory normal
 - CN examination: normal
 - Motor examination:
 - Tone : normal in both LL
 - No wasting
 - Power : grade 5/5 in all muscle groups
 - DTR : knee jerk and ankle jerk is normal
 - Superficial reflexes: plantar is flexor b/l
 - Coordination: knee to heel test normal
 - No abnormal movements
 - Sensory examination
 - Fine touch – decreased in Left L4 and L5 dermatomes
 - Vibration, temperature, pain and joint position sense- normal
 - 2PD, steriognosis: normal



- Probable diagnosis: Left L5 radiculopathy – most probably due to L4-5 paracentral disc prolapse

Radiographs





Thank you