

Chronic abdominal pain on lumbar osteophyte about a case

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Abstract

Lumbar osteoarthritis is a degenerative disease that manifests as low back pain. We report the case of a 52 years old patient with an atypical manifestation of lumbar osteoarthritis characterized by chronic abdominal pain. The CT scan showed an anterior osteophytosis at the L3L4 level that causes abdominal pain. He was operated on anteriorly by midline laparotomy for excision of osteophytosis with operative follow-up, marked by a complete disappearance of the pain in the immediate post-operative period.

Keywords: Osteoarthritis, osteophyte, chronic pain, surgery, Tomography

Introduction

Osteoarthritis is a degenerative joint disease of slow progression, characterized by the progressive onset of pain, stiffness and limitation of mobility [1]. Lumbar osteoarthritis is characterized by the existence of disc pinching, osteocondensation of the vertebral plates and the presence of osteophytes. The most common spinal osteoarthritis lesion is osteophytosis [2], and the main manifestation is low back pain. Let us report the case of a patient who presented an atypical pain from lumbar arthritis which was characterized by chronic abdominal pain.

Observation

He was a 52-year-old man with no specific history who presented gradually developing chronic abdominal pain. This abdominal pain goes back to two months, it is a diffuse pain with gravity type, of variable intensity badly relieved by the usual analgesics with dorsal irradiation without disorders of the intestinal transit nor voiding disorders. The physical examination showed more marked abdominal pain at the peri-umbilical level on palpation, defenseless and without contracture, there was no neurological deficit. The paraclinical examination carried out in particular an abdominal scanner objectified a staged lumbar osteophytosis forming a 47 mm long beak in L3L4 (figure 1), there were no other abnormalities objectified at the abdominal level. Given the context, the diagnosis of anterior lumbar arthritis on anterior compressive osteophytosis was used as the etiology

of abdominal pain. He benefited from previous intervention by performing a midline laparotomy for excision of osteophytosis (figure 2). The evolution was marked by a complete disappearance of the pain in the immediate post-operative period upon waking the patient.

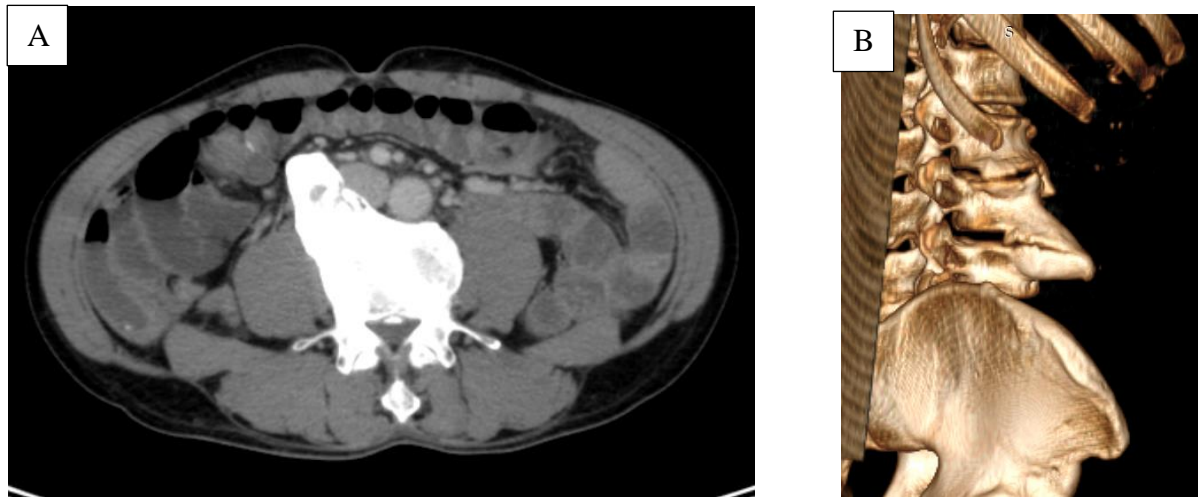


Figure 1: CT aspect of the osteophyte (A: axial section, B: 3D reconstruction)

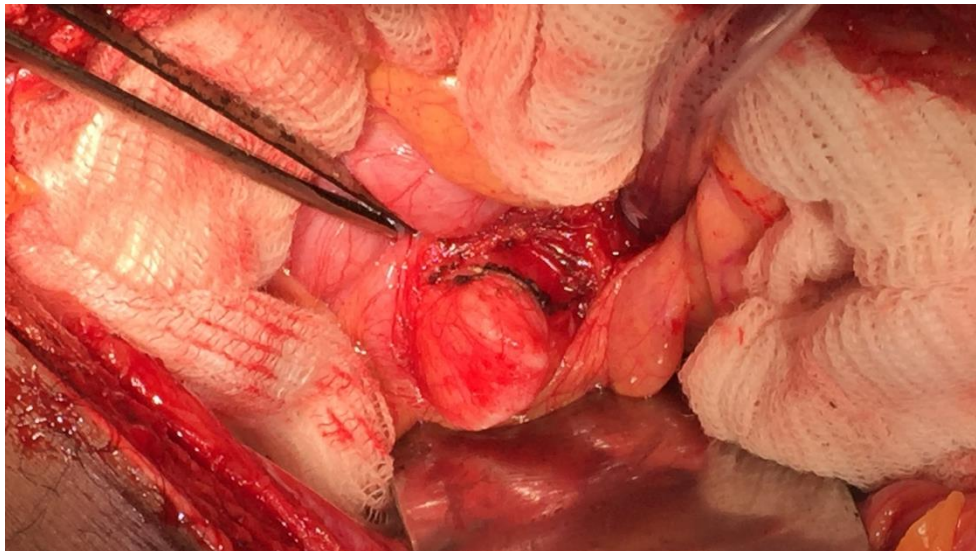


Figure 2: Intraoperative image of the osteophyte

Discussion

Lumbar osteoarthritis is a very common pathology; it begins early, from the fourth decade. The most common spinal osteoarthritis lesion is osteophytosis. Its incidence increases with age, with a clear predominance of the male gender [2]; for subjects over 50 years of age, 84% of men and 74% of women [3]. The main manifestation is low back pain linked to compression of the dorsal vertebral ligament by discarthrosis. In rare cases, osteoarthritis reaches the anterior segment with an abdominal osteophyte which can cause abdominal pain through irritation and / or compression of the elements of the abdominal cavity, similar in the reported case. A lumbar arthritis can be symptomatic, moreover there is no significant association on the existence of osteophytes or osteocondensation of the vertebral plates and the presence of low back pain [4] From the point of view paraclinical, a simple radiography can pose the diagnosis of osteoarthritis but the scanner is the examination of choice to

classify osteoarthritis, in our case the patient presented a Grade 2 lumbar osteoarthritis according to the classification of Lane [5]. The treatment of osteoarthritis is above all symptomatic, using analgesics according to the different levels of WHO and NSAIDs. For the basic treatment, we use Slow-Acting Symptomatic Anti-Arthritis Medicines (AASAL). There is also corticosteroid infiltration and non-drug treatments. Surgical treatment is reserved for hyperalgesic forms by neurological compression [6].

Conclusion

Osteoarthritis is a common pathology that can affect different places in the human body. Lumbar involvement is common, especially in men after 50 years of age. The main symptomatology is low back pain. Treatment can be surgical, depending on the type of pain and the CT scan of osteoarthritis.

Bibliographic references

1. Moskowitz RW, Holderbaum D. Clinical and laboratory findings in osteoarthritis. In: Koopman WJ, editor. Arthritis and allied condition. Philadelphia, PA: Lippincot Williams &Wilkins; 2001. p. 2216-45.
2. Valata JP, Rozenberg S. Arthrose lombaire et lombalgie : Revue du rhumatisme monographies 2011 ; 78 : 17-21.
3. O'Neill TW, McCloskey EV, Kanis JA, et al. The distribution, determinants and clinical correlates of vertebral osteophytosis: a population based survey. *J Rheumatol* 1999;26:842-8.
4. Pye SR, Reid DM, Smith R, et al. Radiographic features of lumbar disc degeneration and self reported back pain. *J Rheumatol* 2004; 31:753-8.
5. Lane NE, Nevitt MC, Genant HK, et al. Reliability of new indices of radiographic osteoarthritis of the hand and hip and lumbar. Disc degeneration. *J Rheumatol* 1993; 20:1911-8.
6. BAILLET O. Quelle place pour le complément alimentaire dans l'arthrose à l'officine? [Thèse de doctorat en Pharmacie]. Angers : Université Angers Département Pharmacie ; 2012.