3. LOW BACK PAIN

Despite the frequency of this complaint, a specific anatomic diagnosis is often elusive, and can be counter-productive, as different practitioners invariably disagree on specific anatomical diagnoses, thus confusing the patient.

Useful, common categorization, affecting approach to treatment and follow-up, is as follows:

- acute mechanical low-back pain/strain;
- sciatica/radiculopathy;
- DDD;
- inflammatory causes include the spondyloarthropathies, characterized by significant stiffness and limited range of motion;
- leading to intermittent claudication that is worse when walking perfectly upright;
- rare serious causes include neoplasm (usually metastases), infections (discitis, TB) and cauda equina syndrome; and
- also consider visceral causes, including pelvic infections, nephrolithiasis, pancreatic disease and AAA.

In the absence of red flags, xrays can be counter-productive, but are reasonable in the context of trauma, the elderly, or known osteoporosis.

AAA—abdominal aortic aneurysm; CA—cancer; DDD—degenerative disc disease; RA—rheumatoid arthritis; TB—tuberculosis; UTI—urinary tract infection.