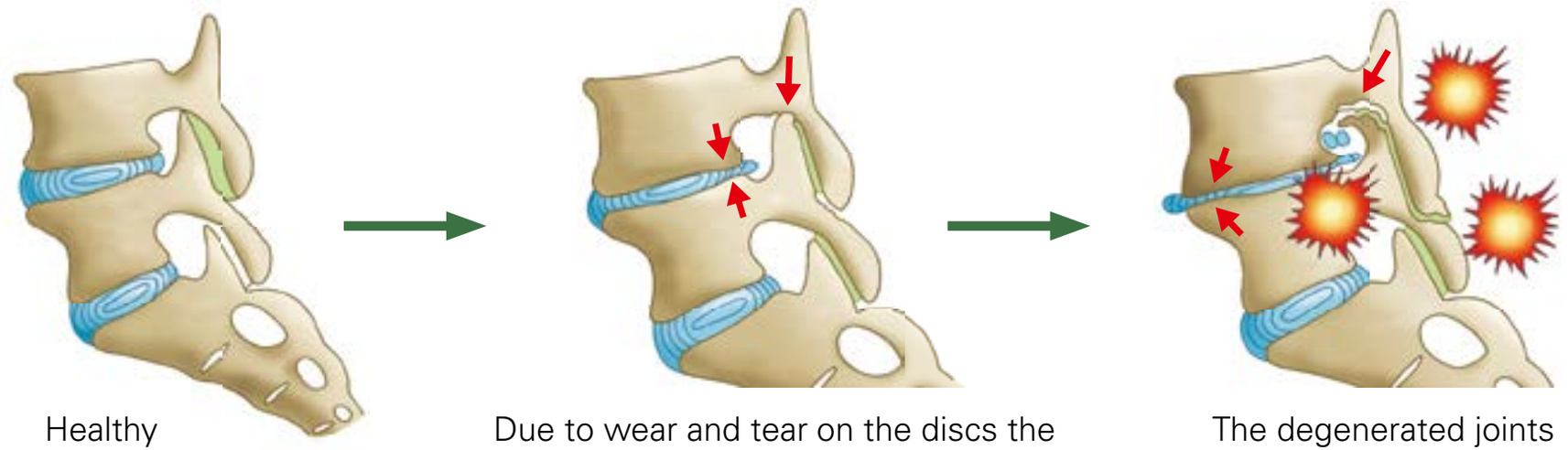
Facet syndrome (activated spondylarthrosis) [1]

Development

A



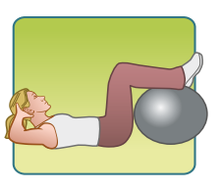
Healthy

Due to wear and tear on the discs the vertebral joints are pressed together, so that they wear each other away

The degenerated joints (spondylarthrosis) lead to back or neck pain

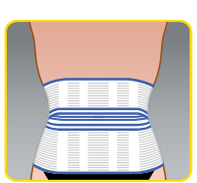
Treatment techniques

B

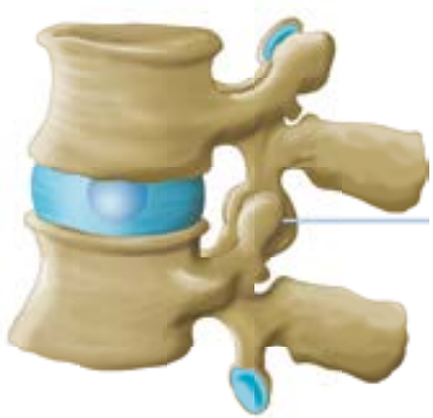


Physiotherapy

Painkillers



Strain-relieving brace which reduces curvature of the spine



Infiltration therapy

Coagulation treatment of the vertebral joints

Facet syndrome (activated spondylarthrosis) [1]

A Development

Changes in the vertebral joints (facet joints) are one of the most common causes of problems that arise from the age of 50 onwards, mainly in the cervical and lumbar spine. With increasing age, mechanical stress leads to damage to the articular cartilage. There is genuine wear on the joint here, leading to a degenerative condition of the joint, or arthrosis.

This damage is caused, for example, by increased incorrect posture in the form of a hollow back. In this position the facet joints in the lumbar spine are compressed to a greater extent, resulting in increased cartilage destruction.

Facet syndrome is initially manifested in muscle tension pain. With increasing damage to the cartilage of the facet joints, pain develops in the neck or back due to mechanical and inflammatory irritation of nociceptors. The pain radiates little (usually only as far as the knee joint), and neurological deficits do not occur.

Facet syndrome can be the cause of other clinical conditions such as spinal stenosis.

B Treatment techniques

The treatment is almost always non-surgical.

The basic treatment consists of mobilising, stabilising and actively straightening physiotherapy and if necessary a strain-relieving brace, which reduces the forward-leaning curvature of the lumbar spine (lordosis).

To avoid the development of chronic pain, early treatment of pain is necessary. Medicines that have both pain-relieving and anti-inflammatory actions are used at the start.

Infiltration therapy is performed to interrupt the locally self-perpetuating painful processes. A local anaesthetic in combination with a glucocorticoid is, for example, injected close to the vertebral joint concerned. The local anaesthetic has an immediate pain-relieving effect, while the cortisone has a long-term anti-inflammatory action.

Coagulation procedure (radiofrequency denervation):

Under CT scan or image converter control, an electrode is placed on the vertebral joint and heated for 90 seconds to 75-80°C. As a result, the small pain-transmitting nerves supplying the joint are coagulated. Using a cryo technique, the pain-transmitting nerves can similarly be "frozen".

[1] Cohen SP, Raja SN. Anesthesiology (2007) 106(3): 591 - 614.