Researchers show effectiveness of non-surgical treatment of lumbar spinal stenosis

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Patients with spinal stenosis (SS) experienced good short term benefit, lasting from weeks to months, after receiving epidural steroid injections (ESI).

These findings, which appear in a letter in the journal *Pain Medicine*, contradict a previously published *New England Journal Medicine* (*NEJM*) study that found epidural steroid injections were not helpful in spinal stenosis cases.

It has been one year since the publication of "A Randomized Trial of Epidural Glucocorticoid Steroid Injections for Spinal Stenosis." This was a large scale clinical trial evaluating the use of ESI for SS. Pain physicians argued the validity of the results based on the experimental set-up and study design. In academic meetings and clinical discussion among pain specialists, some very much agreed with the main study result: ESI are not very helpful for SS, while others reported consistent, short-term pain benefit of SS symptoms.

Lumbar spinal stenosis is a common painful problem due to worsening constrictive arthritis in the low back, affecting the legs and walking.

Researchers from Boston University School of Medicine (BUSM) performed a retrospective case series, using multiple methods of injections and various steroid choices and found specific epidural steroid injections to be very affective.

"The 2014 NEJM study on lumbar epidural steroids for spinal stenosis pain allowed for extreme variability in injection method and steroid type," explained co-author Anthony K. Savino, MD, chief resident, BUSM's department of neurology. "We feel that interlaminar (between vertebrae) injection, at the worst stenosis level, with long acting steroid is very helpful for spinal stenosis pain, and our case series supports this. Doing injections the way we propose will help with spinal stenosis pain, making walking easier/better and may help some patients avoid surgery."

As there are few non-surgical options for lumbar spinal stenosis the authors suggest future large scale trials be designed using interlaminal injection at the worst SS level with long acting steroids, variable physician preference, as prior studies.

Provided by Boston University Medical Center

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