

STEROID EPIDURALS

Many researchers has discussed the use of corticosteroids for injection epidurally in the treatment of sciatica. It is generally believed that this treatment is effective because of the anti-inflammatory effect of the steroids. More recent research indicates that other modes of action might include the fact that corticosteroids inhibit ectopic discharge and this membrane-stabilizing effect may be responsible for symptomatic improvement of the patients with nerve root injury. Other researchers believe that persistent noxious stimulation caused by prostaglandins leads to enhanced responsiveness of dorsal horn neurons. Therefore one can assume that since corticosteroids block prostaglandin production, an antihyperalgesic effect would result.

When undertaking a regimen of steroid epidural injections, the physician must first consider patient selection. Pain associated with radiculopathy is the primary indication for epidural steroid injection. This procedure usually does not provide lasting benefits for patients that do not have radiating back pain. The typical candidate presents with back pain associated with sciatica of one or both lower extremities. MRI shows an acute herniated disk and there is a dermatomal pattern of sensory loss and positive sciatic stretch signs. Patients with a history of previous back surgery, long duration of symptoms, and spinal stenosis tend to have lower success rates with steroid epidurals.

The two most common preparations used in epidural injections are triamcinolone diacetate and methylprednisolone acetate. Typically a small test dose of lower anesthetic is injected to rule out subarachnoid needle placement. If no motor block occurs within 5 minutes, either 50mg triamcinolone diacetate or 80mg methylprednisolone acetate is injected into the epidural space.