

A Rare Case Of L5 Disc Migrated Into Spinal Cord

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PURPOSE:

Lumbar disc herniation is one of the most common causes of low back pain and leg pain. Theoretically, fragments from the intervertebral disc space may migrate in cranial, caudal, lateral, anterior, or posterior directions. Here we present a case of a 46 years old female who presented to us with low back pain and right inner thigh pain diagnosed with lumbar spondylosis L4/L5 and L4/L5 multilevel nerve root impingement underwent partial laminectomy L4 /S1 and decompression of L5.^{1,2}

MATERIALS AND METHODS:

Patient was operated spine surgeon. The operation was performed with the patient under general anesthesia and in the prone position. After leveling with fluoroscopy, a midline incision was made. Skin, subcutaneous fat, and paravertebral muscle fascia dissected. Partial laminectomy done at level of L4 and S1 and decompression of L5. Intra-operatively noted L5 disc migrated into spinal cord. Post operatively patient's symptoms improved. Patient's numbness and right inner thigh pain reduced compared to pre-operatively. Patient is scheduled for MRI contrast as outpatient and neurosurgery referral after contrasted MRI.

RESULTS AND DISCUSSIONS:

LDH due to degeneration is classified into four different forms, namely bulging, protrusion, extrusion, or sequestration. Approximately one-third of patients treated for LDH have sequestered discs.^{1,2} PLL is one of the most important structures that provide spinal stability body and the anterior surface of the dura mater.

The PLL has two layers, the superficial and deep layers. The superficial layer is a partly loose structure with longitudinal extension, while the deep layer consists of strong connective tissue with transverse alignment and a segmental structure that is tightly attached to the median part of the annulus fibrosus. The deep and strong layer in this segmental structure is attached to the lower half of the annulus fibrosus on the coronal plane and extends caudally.



L5 disc migration

MRI

CONCLUSION:

Disc migration into spinal cord continues to be a challenging problem for spine surgeons. As it is rare, disc migration into spinal cord co-managed with neurosurgeon.

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