

## LOCO-MOTOR SYSTEM

### Editorial

Dear colleague,

What can be more pleasant than to see Médis Laboratories annals issues following each other, with, at each time an interesting data update using a clinical case?

The following observation will treat the problem of sciatic, which constitute a good example of common pathology. If the positive diagnosis is very easy, the etiologic diagnosis can present some difficulties. The treatment is well codified and follows a logical fulfillment of the priorities

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Clinical data

### Clinical data



Mister Y.L, taxi driver, 38 years old, is suffering since 10 days from Left L5 lumbosciatic.

The history reveals that these pains followed an effort of hanging up a heavy object. It is a mechanical and impulsive pain.

The physical examination shows a Schober's index at 2cm and a

Lasegue's sign at 45° in the left side. A treatment based on strict bed rest during 5 days, paracetamol (3g/day) and piroxicam 20 mg (PIROXEN® 20mg) once a day was prescribed.

**What is your diagnosis ?**

### *Solutions and comments*

This patient presents a common L5 lumbosciatic, probably due to a slipped disc.

**What are the observed signs supporting this diagnosis?**

- Starting factor
- Mechanical pain
- Impulsivity
- Schober's index > 2cm
- Lasegue's sign at 45°

The patient returned to his job, but, 3 months later, he presented brutally bilateral lumbosciatic pain with walking difficulties and sphincters' disorders (urination imperiousness)

The physical examination showed a saddle block hypoesthesia.

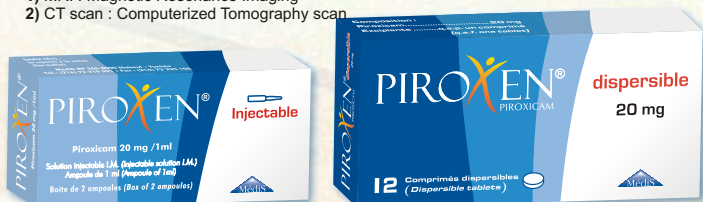
**What is your diagnosis and how would you manage this issue?**

- It's a cauda equina syndrome
- The compression of the cheval queue nerve radices is responsible of bilateral multi-radicular, algescic and with motor deficit manifestations combined to sphincters' disorders
- Anatomic explication : voluminous and median (pseudo-tumoral) slipped disc compressing the left

and right radices, in the concerned stage and the underlying sacral nerve radices

- Brutal installation of the symptomatology :
  - Motor and sensitive pluri-radicular attack, areflexia
  - Genital and sphincters' disorders
  - Unilateral or bilateral saddle block anesthesia (or hypoesthesia)
- It's a surgical emergency:
  - Preoperative radiology to precise the compression level
  - Sacco-radiculography
  - MRI1
- Errors to be avoided:
  - Not to ask about the existence of sphincters' and/or genital disorders
  - Not to ask about the saddle block anesthesia
  - To start a medical treatment and delay the radiological exams
  - To prescribe a CT scan2, which can be falsely reassuring

1) MRI : Magnetic Resonance Imaging  
2) CT scan : Computerized Tomography scan



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**Ready to feel**