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Movements in the Lumbar Spine are not Restricted, but There is Pain When Extending

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Abstract – ***Pain may radiate to the sacroiliac joint and the iliac wing, but not to the buttocks and hip. When you run the test's symptom test (lifting legs), there is bilateral moderate pain in the lower back.***
In osteoarthritis of the facet joints (spondyloarthritis), which is one of the most common causes of chronic back pain in the elderly, the pain is bilateral, localized in contrast to disco genic paravertebral, and not along the midline, increases with prolonged standing and extension, and decreases when walking and sitting. Lower back pain is aching, often deep, and can spread to the buttocks and thighs, but does not "fall" below the knee.

Keywords – ***Muscle Component, Dysplasia Syndromes, Clinical Signs.***

I. Introduction

However, a number of patients have focal neurological symptoms, when the nerve root is irritated by the articular facet or osteophyte with the formation of radiculopathy. Objective signs are reduced to the detection of soreness with deep palpation in the projection of the arched joints of the vertebrae, and with the active participation of the muscle component, the tension and soreness of the paravertebral and extra vertebral back muscles are palpated.

Characteristic
Gender
Age spine
Pain
Morning stiffness
restriction of respiratory excursion of the chest
Restriction of spinal mobility

Spondylosis in combination with osteoarthritis of the facet joints (subchondral sclerosis of the articular surfaces, narrowing of the articular gap, bone growths in the area of the intervertebral joints and vertebral bodies with their deformation, mainly of the cervical and lumbar divisions).

II. Main part

Spondylolisthesis — displacement of the body of the overlying vertebra relative to the underlying one in the horizontal plane. In this case, the appearance of pain is associated with tension of the posterior longitudinal ligament of the spine, as well as compression of neural structures and the development of lumbar stenosis. Spondylolisthesis can have a degenerative nature, and can also occur in connective tissue dysplasia syndromes, which is due to the genetically determined failure of the posterior longitudinal ligament and the weakening of its fixing ability. In an objective examination, a stepwise displacement of the spinal process may be the key to the diagnosis of spondylolisthesis localized one segment below the level of displacement.

In addition, a group of patients complaining of coccygeal pain (coccygodynia) should be singled out separately, which may occur as a result of falling on the buttocks, blockage of

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the sacrococcygeal joint in women after childbirth; often, coccygeal pain has a reflected character and is associated with a herniated lower lumbar disk, a spinal tumor, an anorectal infection.

- the young age of the patients;
- duration of pain > 3 months;
- gradual onset of pain;
- morning stiffness;
- increased pain after sleep and rest and decreased after exercise.

Back pain is considered inflammatory in the presence of any 4 signs.

Pain syndrome in sacroiliitis, which is a typical sign of this group of diseases, often appears gradually, is blunt, localized in the buttocks, can be intermittent (i.e., move from one side to the other) and radiate to the proximal thighs.

Along with the described clinical manifestations of CKD, it should be remembered that chronic pain may accompany other serious conditions that require immediate medical attention. The following clinical signs allow you to suspect such conditions:

- fever (characteristic of cancer, diffuse connective tissue diseases, disc infection, sepsis, tuberculosis);
- weight loss (malignant tumors of the prostate, breast, kidney, lung, thyroid);
- inability to find a comfortable position (metastases, aortic aneurysm, urolithiasis);
- night pain (tumors, metastases);
- intense local pain (erosive process)

One of the main advantages of the drug is the dose-dependent inhibition of COX 2 without affecting COX 1. Acromia does not affect the production of prostaglandins in the gastric mucosa and platelet aggregation. The drug is rapidly and completely absorbed after oral administration, the time to reach the peak concentration in blood plasma is 1 hour, and bioavailability is 100%. The half-life reaches 20-26 hours, which allows you to take the drug once a day. Acromia is presented in tablet form of 60, 90 and 120 mg, used regardless of food intake. For long — term therapy, a dosage of 60-90 mg is used, with exacerbation of the process and other conditions-120 mg/day. The clinical effectiveness of the drug has been proven in chronic pain syndromes, ankylosing spondylitis, rheumatoid arthritis, gout, osteoarthritis.

There are many publications devoted to lower back pain and spine pain, most of which relate to the treatment and evaluation of various pain medications. In the last decade, scientific societies for the study of pain and its treatment have been created, the journal "Pain" is published, and meetings of various specialists on the study of bnchs and the spine are held regularly. For General practitioners, neurologists and chiropractors, many recommendations have been developed for the management of patients with non-specific bnps. However, most of these recommendations do not pay enough attention to the characteristics of pain in inflammatory diseases of the spine, which is probably due to its low prevalence-5% of all patients with back pain.

Criteria for inflammatory bnps and/or spine (ASAS, 2009)

1. Gradual onset.
2. The age of 40 years.
3. Night pain.
4. The improvement from exercise.
5. The deterioration during the holidays.

Pain is considered inflammatory in the presence of any 4 signs.

Early diagnosis of as and other spondyloarthritis is important from several points of view. Early initiation of therapy with non-steroidal anti-inflammatory drugs (NSAIDs and now TNF-a inhibitors if indicated) can not only significantly reduce the activity of the disease and improve the functional state of patients, but also slow down the x-ray progression (ossification of the spine), which means that they can maintain their ability to work in the long-term period of the disease. In recent years, the main task that rheumatologists in most countries have set themselves is to improve the awareness of doctors of other specialties (neurologists, General practitioners, osteopaths) about the clinical manifestations of spondyloarthritis at an early stage. For this purpose, an algorithm has been developed to detect early axial spondyloarthritis (early as) in patients with chronic bnps [2].

Spondyloarthritis (spondyloarthropathies) is a large group of inflammatory rheumatic diseases United on the basis of common clinical signs (inflammatory back pain, sacroiliitis, spondylitis, mono-or asymmetric oligoarthritis; a tendency to develop enteritis, inflammatory changes in the eyes, intestines, urogenital tract, skin), as well as genetic features (high frequency of detection of histocompatibility antigen H^ B27). The Central position in this group is occupied by idiopathic/primary as (axial spondyloarthritis) — Bekhterev's disease, an inflammatory rheumatic disease of unknown etiology, in which the sacroiliac joints (CPS) and the spine are necessarily affected. Other diseases in this group include

reactive arthritis, psoriatic arthritis, arthritis associated with chronic inflammatory bowel diseases, and undifferentiated spondyloarthritis.

Mainly affected are immobile joints — CPS, arch-process, rib-vertebral, sternoclavicular, manubriums-sternal, as well as large joints of the extremities. As a result of chronic inflammation of inactive joints, choroid metaplasia of their capsules and synovial membranes occurs, followed by ossification and ankyloses. More than half of the patients involved in the process of peripheral joints, including the so-called root joints, hip and shoulder. Their involvement can occur at any stage of the disease and is sometimes one of the first symptoms of as. Peripheral arthritis can be a temporary or permanent manifestation of the disease, approximately in 1/4 of patients it passes without a trace. Typical places of enteropathies are the areas of the iliac ridges, large trochanter of the femur, sciatic tubercles, heels, spinous processes of the vertebrae, stern costal joints.

III. Conclusion

With a long course of as, the diagnosis is not particularly difficult not only for a rheumatologist, but also for a doctor of any specialty. However, at an early stage (dorentgenological), establishing a reliable diagnosis of as requires a sufficiently high qualification of the doctor to whom the patient applies for the first time. In adults, the main reason for the "delayed" diagnosis is the lack of knowledge of this disease by doctors of other specialties. Another objective reason for the "delay" in the diagnosis of as is the slow development of x-ray signs of sacroiliitis, which are of crucial diagnostic importance, and difficulties in interpreting the state of the sacroiliac joints in the early stages of sacroiliitis, especially in children and adolescents.

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