Lumbar Disc Herniation Regression After Successful Epidural Steroid Injection
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Abstract

In some lumbar disc herniation patients, noninvasive measures fail, necessitating more aggressive treatment, such as epidural steroid injections or surgery. This study sought to determine whether improvement in patients who receive epidural steroid injections is related to regression of herniated nucleus pulposus or whether such patients' symptoms decrease because of the steroid effect in the presence of continued herniated nucleus pulposus. Two nonoperatively treated patient cohorts were followed who had follow-up MRI. Specifically, 38 other patients who improved without invasive treatment within 6 weeks after the onset of their symptoms were compared with 20 patients who improved with epidural steroid injections. Results found that both groups had similar initial and follow-up herniated nucleus pulposus size and outcomes. The epidural steroid injection group had fewer sequestered or extruded herniations that resorbed, and most were of lower hydration. In conclusion, epidural steroid injections do not alter ultimate herniated nucleus pulposus regression. Patients in whom the disc herniation has less hydration may have prolonged symptoms, but many improve with epidural steroid injections.