

[2003 Fall A33] Transforaminal epidural steroid injection: A one-year follow-up

Rahimova G, Rahimov A
Samarkand Medical Institute, Samarkand, Uzbekistan

Objectives: Transforaminal epidural steroid injections (TESI) ensure needle placement to the anterior epidural space. We prospectively followed 82 patients who received TESIs from May 2001 to January 2002, with a standardized telephone questionnaire at 2, 6, and 12 months after the first injection, to assess their effectiveness.

Methods: Eighty-two patients with lumbosacral radiculopathy underwent TESIs under fluoroscopy. A standardized telephone questionnaire was used at 2, 6 and 12 months, after the first procedure. The study population was divided into four groups: Group I, previous back surgery (15.9%). Group II, discogenic abnormalities: herniations, bulges, or degeneration, (41.5%). Group III, spinal stenosis (31.7%). Group IV, those without MRI (11%).

Results: Patient ages ranged from 24 to 99 years (mean 64.5 years). Forty-seven patients were female, 35 male. Thirteen patients (15.8%) underwent one, 27 patients (32.9%) two, 37 patients (45.1%) three, and five patients (6.1%) four injections (mean 2.4 injections). Pain scores (0-10) for all four groups combined, significantly improved at 2, 6 and 12 months, from a baseline of 7.3 to a mean score of 3.4, 4.5 and 3.9 respectively ($p < 0.01$). At two months after the first injection, more than 50% pain relief was seen in 56% of patients (all groups). At one year after the first injection, more than 50% pain relief was seen in 46% of patients (all groups), 23% of Group I, 59% Group II, 35% Group III and 67% Group IV.

Conclusion: Transforaminal epidural steroid injections may provide significant relief of pain due to lumbosacral radiculopathy, even one year after the initial injection.

Reg Anesth Pain Med 2003;28