Oh, My Aching Back

By Dr. Robert Wassman Jr.,M.D.

Our previous discussion of back problems covered general principles relating to many conditions. We emphasized the importance of close medical attention by specialists trained to work with skeletal dysplasias both expectantly and whenever acute problems arise. In this article, we will deal with specific aspects of back problems in the most common skeletal dysplasia, achondroplasia. The symptoms, signs (what the doctor finds on examination), care, and surgery are the same as in a person of average stature, but their frequency incidence and age of onset differ dramatically.

Forty to 50 percent of achondroplasts will have problems with their back at some time. The majority of achondroplastic back problems are due to spinal stenosis, or a narrow spinal canal. This problem is aggravated by the presence of somewhat larger than average intervertebral discs (the cushions between the bones), and the shape of the vertebrae. The earliest complaint is pain on the outside part of the upper leg in the teen years. More often it begins gradually in the third decade with pain and fatigue of back and leg muscles related to physical activities, even walking, and relieved by rest. The physical strain of pregnancy may aggravate this. Two rarer presentations are disc herniation with pain on straight leg raising and weakness; or acute severe back and leg pain with paralysis or weakness after trauma.

Conscious or unconscious straightening of the back may give relief. Unfortunately, this is only temporary for most, and bracing does not seem to help. Exercise that does not involve jumping or jarring and which strengthens the back muscles may prevent some progression in the mild to moderate cases. Swimming is excellent in this regard, since there is no jarring or pressure put on the spine. Weight control is also important, and is best achieved through a balanced diet which provides less calories than one uses in their daily regimen. Being overweight can grossly aggravate the spinal problems.

If the spinal problems are limited to the lower spine and have not reached the point of paralysis, then the results of surgical removal of some bone overlying the spinal cord by a specialist with experience with achondroplasia are quite good. The average age of these patients which have been operated on by the neurosurgeons we use is 30 years old. While each patient is unique, and it is therefore hard to generalize, most will be in the hospital for about 1 week. When it is needed, physical therapy may be prescribed, or with severe cases, even braces.

One may generally return to a desk job in 2-3 weeks, or a manual job in about two months. Postoperative bending, lifting and prolonged sitting are best avoided. Sports, especially contact ones, must be restricted for 3-4 months. Swimming is, however, quite acceptable, and some surgeons recommend exercises to strengthen the back muscles to help straighten and support the spine after about 2-3 months.

About 10% of achondroplastic children do not develop the typical sway back when they start walking. Some of this group will develop back problems characterized by a gradual

onset of progressive back pain that radiates through the buttocks and into the leg. This may progress to inability to walk or control urination properly. When the symptoms have progressed that far, surgical measures may not reverse the problems, but still would seem reasonable to undertake especially if these severe changes develop rapidly. We refer patients with this type of back pain to a bone surgeon specializing in spinal curvatures. Surgery for this type of problem is quite extensive and requires straightening and fusion of the spine. Fortunately, this is quite rare.

Regrettably, as with all things, not all patients will fare as well. Those few with more extensive spinal involvement, and those who are already paralysed (especially if for more than even as little as 24 hours) often do not improve with surgery. Thus, one can see that it is critical to contact your specialist if any of the mentioned symptoms develop acutely or are progressing (even slowly) especially if weakness or frank paralysis is present.

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