

Epiduroscopy as a Diagnostic Tool for the Lower Back Pain and/or Leg Pain

Pain Center, Daejeon St. Mary's Hospital, The Catholic University of Korea, Daejeon, Korea

Dae Hyun Jo

Endoscopic procedure is now an essential technique in medicine. Since the importance of the gastroscope was introduced for the diagnosis of gastric disease by Schindler in 1940 [1], it has become an essential tool in gastroenterology. After that, colonoscopy was performed for the diagnosis and management of occult gastrointestinal bleeding in 1976 [2]. In 1985, a preliminary study described the results and method of epiduroscopy and spinaloscopy [3].

As management of spinal pain is shifting to non-surgical techniques, spinal endoscopy has become widely used for patients with low back pain and/or leg pain. The additional use of lasers has extended the skills and indications of epiduroscopy, and has been named epiduroscopic laser neural decompression (ELND). Studies in ELND show good results for low back pain and/or leg pain with herniated discs, spinal stenosis, failed back surgery syndrome, etc. [4,5] The process of ELND gave us the information about the epidural space, as well as a therapeutic tools such as prolapsed disc removal, adhesiolysis in the epidural space, and the direct drug administration at the pathologic site in the epidural space. However, most of pain doctors are focusing on the therapeutic aspect, when they try to perform epiduroscopic procedures.

A comparison of epiduroscopy and MRI shows us that

epiduroscopy is a better tool for diagnosing the vertebral level of low back and/or leg pain patients [6]. History tak—ing and physical examination are essential to diagnosis. The first step of physical examination is inspection, to see. The original purpose of various scopes is to observe. Epiduroscopy is a tool for watching the epidural space us—ing an endoscope through the caudal approach. We can watch the epiduralspace from the sacral hiatus to which—ever level we want to see in the anterior and posterior epidural space.

In the future, epiduroscopy could be one of the essential steps for diagnosing low back pain and/or leg pain. Furthermore, more sophisticated education and qualified certification will be needed for performing epiduroscopy. ELND is an additional benefit of performing a therapeutic management during diagnostic epiduroscopy.

REFERENCES

- Schindler R. Importance of the gastroscope in the diagnosis of gastric diseases in the army, Br Med J 1940; 1: 243-7.
- Myers RT. Diagnosis and management of occult gastrointestinal bleeding: visualization of the small bowel lumen by fiberoptic colonoscope. Am Surg 1976; 42: 92–5.
- Blomberg R. A method for epiduroscopy and spinaloscopy.
 Presentation of preliminary results. Acta Anaesthesiol Scand

Received June 17, 2016. Revised June 18, 2016. Accepted June 20, 2016. Correspondence to: Dae Hyun Jo

Pain Center, Daejeon St. Mary's Hospital, The Catholic University of Korea, 685 Gasuwon-dong, Seo-gu, Daejeon 34943, Korea Tel: +82-42-220-9040, Fax: +82-42-242-3500, E-mail: pandjo@naver.com

⊕ This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (http://creativecommons.org/licenses/by-nc/4.0/), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Copyright © The Korean Pain Society, 2016

152 Korean J Pain Vol. 29, No. 3, 2016

- 1985; 29: 113-6.
- 4. Jo DH, Yang HJ. The survey of the patient received the epiduroscopic laser neural decompression. Korean J Pain 2013; 26: 27–31.
- 5. Jo DH, Kim ED, Oh HJ. The comparison of the result of epiduroscopic laser neural decompression between FBSS or
- not, Korean J Pain 2014; 27: 63-7.
- Bosscher HA, Heavner JE. Diagnosis of the vertebral level from which low back or leg pain originates. A comparison of clinical evaluation, MRI and epiduroscopy. Pain Pract 2012; 12: 506–12.

