

Journal Club

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Article: Friedly Janna, et al. A Randomized Trial of Epidural Glucocorticoid Injections for Spinal Stenosis. NEJM 371:11 2014

Hypothesis: Epidural injections with glucocorticoid and lidocaine will provide superior outcomes to epidural injections of lidocaine alone.

Background: lumbo sacral spinal stenosis is common in the elderly, and produces symptoms of back and leg pain, paresthesias, and weakness. Epidural injections are an increasingly prescribed therapy.

Methods:

-design: Double blind, randomized controlled trial at 16 US sites

-enrollment:

Inclusion: >50 yrs old, central canal stenosis on MRI or CT, pain of >4 in past week, disability of >7

Exclusion: spondylolisthesis, Hx of lumbar surg, steroid inj in past 6 months

-outcomes by telephone, mail or in person interviews:

Primary: at 6 weeks, disability score and pain score in prior week

Secondary: proportion of patients with 30% or 50% improvement at 6 weeks on a variety of pain and disability measures

-statistics: variety of techniques

Results:

Patients: Figure 1 , table 1 Did meet enrollment targets for steroid/no steroid and approach

Outcomes: Table 2, 3. Slight improvements in 3 week group, no sig differences at 6 weeks in medication or technique.

Authors' conclusions:

There is no detectable benefit of flurosopically guided epidural injections of corticosteroid in LS spinal stenosis

Editorial comments:

Should not do REPEAT injections

Should not require course of injections before surgery

My comments:

Too bad there was no sham arm

So many authors that you might be one!

Little here to support epidural injections.

Both groups improved. Is waiting best?

How to help older patients who have significant pain and disability but are NOT surgical candidates?