

Discogenic low back pain

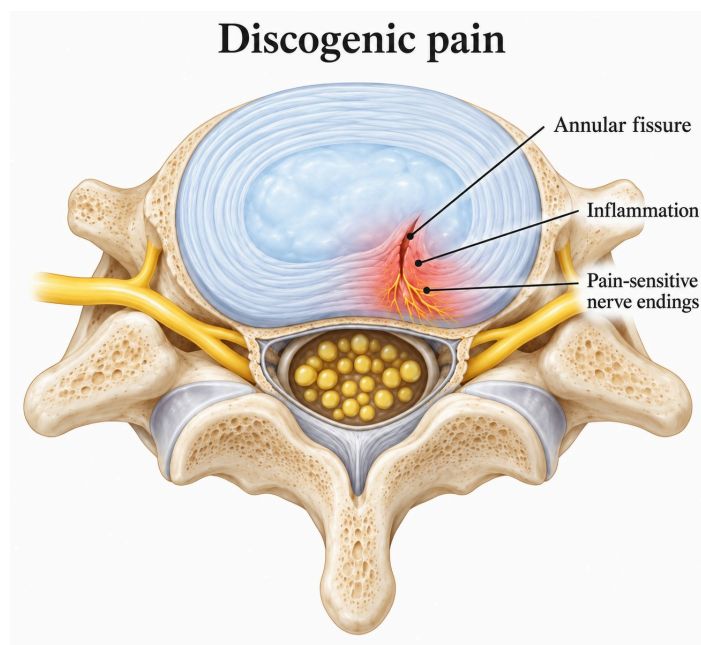
When pain may come from the cushion between the spinal bones.

What is discogenic pain?

Spinal discs help absorb load and allow movement. Each has a firm outer ring and a softer center. Small cracks and inflammation in the disc can irritate pain-sensitive tissue.

What can it feel like?

A deep low back ache, sometimes spreading to the buttocks or upper thighs. Sitting, bending, or lifting may make it worse. This pattern alone does not confirm the source.



A disc change on MRI does not always explain your pain.

Symptoms, examination, and imaging must fit together.

How is it evaluated?

Your clinician checks your symptoms, strength, sensation, and other possible pain sources. MRI may show disc wear, loss of height, or a fissure. These findings also occur in people without pain.

Will I need a discogram?

Usually not as a first step. This test injects contrast into the disc and may reproduce pain. It has limitations and risks, including infection and possible disc injury. It is reserved for selected situations when the result could change care.

Similar symptoms. Different pain sources.

Discogenic: Pain from the disc itself.

Radicular / sciatica: Pain from an irritated nerve, often traveling down the leg.

Vertebrogenic: Pain from the bony endplates next to the disc.

Treatment & daily life

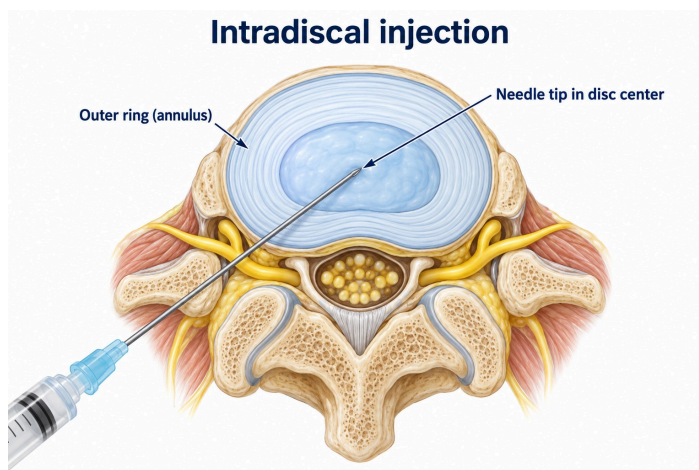
Care aims to improve movement, sleep, and the activities that matter to you.

Start with active care

Physical therapy and gradual exercise can build strength and confidence. Break up long periods of sitting and adjust tasks that trigger pain. Avoid prolonged bed rest.

Medicines may help

Pain relief may help you stay active. Ask what is safe for you, especially if you have kidney disease, ulcers, or take blood thinners.



Intradiscal injections

A needle is guided into the disc using imaging. Selected disc-directed treatments may be discussed when rehabilitation has not helped enough. Evidence and insurance coverage vary. Ask which product is proposed, what supports its use, and what risks apply.

Know the limits

PRP and cell-based disc injections remain investigational. Disc regrowth is not established. Risks of disc access include infection, bleeding, nerve injury, and increased pain.

Other procedures

An epidural injection may help associated nerve-related leg pain; it does not repair a worn disc. Fusion or disc replacement may be considered for a small group with persistent disabling pain after appropriate nonsurgical care. Outcomes vary.

Questions for your visit

What makes the disc the likely pain source?
What improvement should we measure?
What are the benefits, risks, and alternatives to a proposed procedure?



Reza S. Roghani, MD, PhD

Assistant Professor
Interventional Spine and Pain

Department of Physical Medicine and Rehabilitation
School of Medicine

443-997-5476 Appointments
410-614-4033 Fax
410-502-2199 Procedures

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General education; individual evaluation is required.