

# **Comparison Between Lateral Parasagittal Interlaminar Epidural and Transforaminal Cortecosteroids Injection in Patient with Low Back Pain: Spread and Clinical Response.**

A Thesis

Submitted for the partial fulfillment of M.D. degree in Anesthesiology

## **Submitted By**

**Mohamed Ahmed Shawky Mohamed**

(M.B.B.CH, M.Sc Anesthesia)

## **Under the supervision of**

**Prof. Dr. Mostafa Mohamed El Saied El Hamamsy**

Professor of Anesthesiology, I.C.U & Pain Management

Faculty of Medicine

Fayoum University

**Dr. Ashraf Mohamed Yehia Hamed Heikal**

A.Professor of Anesthesiology & Pain Management

National Cancer Institute

Cairo University

**Dr. Mohamed Awad Al Saeid Ahmed**

Lecturer of Anesthesiology, I.C.U & Pain Management

Faculty of Medicine

Fayoum University

**Faculty of Medicine**

Fayoum University

٢٠١٥

**Comparison Between Lateral Parasagittal  
Interlaminar Epidural and Transforaminal  
Cortecosteroids Injection in Patient with Low Back  
Pain: Spread and Clinical Response.**

A Thesis

Submitted for the partial fulfillment of M.D. degree in Anesthesiology

**Submitted By**

**Mohamed Ahmed Shawky Mohamed**

(M.B.B.CH, M.Sc Anesthesia)

**Faculty of Medicine**

**Fayoum University**

٢٠١٥

## **Summary**

Epidural steroid injections in the Lumbar Spine can be delivered by several roots but the Transforaminal approach (TFESI) is considered the most target-specific as it helps to deliver the highest possible concentration of Corticosteroids close to the site of pathology (presumably the inflamed nerve root). Lateral parasagittal epidural (LIP) also is considered a good technique regarding ventral epidural spread of contrast under fluoroscopy. LIP is better than midline epidural regarding spread and clinical response.

The results in this study detected no difference between both approaches regarding the VAS given by the patients or the rate of complications and adverse events reported. The difference detected was the fluoroscopy time which was shorter with the LIP, ventral epidural spread was better in LIP than TF.

So the final outcome of this study suggested that the interventionalist should choose LIP technique as it is more ease to do with the same clinical reported. It has also more ventral spread than TF technique.