

# “I can’t walk anymore!”

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A 68-year-old male has been complaining of bilateral leg pain for the last two months. He can only walk 30 feet before he has to sit. He has trouble standing for more than 10 minutes and has no complaint of back pain. His neurologic examination is normal and his nerve root irritation test (straight-leg raising test) is negative.

## ***What is your diagnosis and management?***

Symptomatic lumbar spinal stenosis resulting in neurogenic claudication is most common at the L4-5 level (Figure 1). The lumbar stenosis can result from a combination of a congenitally shallow spinal canal coupled with acquired degenerative facet overgrowth, ligamentum hypertrophy and protruding disc. Patients often present with neurogenic claudication without evidence of nerve root irritation (Table 1).



Figure 1. Symptomatic lumbar spinal stenosis resulting in neurogenic claudication.

Surgical decompression is usually reserved for patients with neurologic deficits or for those who have exhausted non-operative therapies.

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Table 1

## Characteristics of neurogenic and vascular claudication

<u>Characteristics</u>	<u>Neurogenic claudication</u>	<u>Vascular claudication</u>
Pain distribution	Dermatomal	Muscles
Sensory loss	Dermatomal	Stocking distribution
Inciting factors	Walking, standing	Any exercise
Relief factors	Sitting, squatting, flexing	Stand/stop exercises
Peripheral pulses	Normal	Poor

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