CPD EVENT RECORD

Case-Based Discussion

Summary

This case concerned a 55-year-old woman, suffering chronic low back, SIJ and sciatic pain. Recently the pain had become bilateral and she was having difficulty standing up from sitting. She was an accountant, but was occupied most of the time providing care for her mother. She was taking anti-hypertensive meds and was scheduled for FBC 4 days after her appointment, and had been referred for MRI. On examination, there was no LEX strength deficit, but the left patellar reflex was reduced. There were no signs or symptoms to indicate cauda equina syndrome.

All agreed that there was sufficient concern to indicate an urgent need to exclude malignancy, cauda equina compression, prolapsed disc and gynae complications such as fibroids. The need to stipulate the precise requirement when making MRI referrals was emphasised.



Evaluation, Reflection and Impact on Practice (this part of the certificate is **not** automatically generated - it has been entered by the participant)

This case raised numerous possible explanations for chronic pain in a lady of this age, and reminded me of the physiological mechanisms through which this could occur. I was also reminded of the need for specificity in referring for MRI investigation, and the importance of the different MRI protocols. This will help in my care of future patients in my own practice.