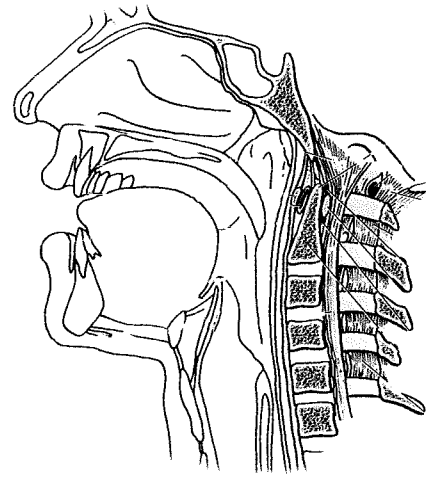


Cervical Interlaminar Epidural Steroid Injections

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Cervical epidural steroid injections are commonly utilized in the treatment of cervical radicular pain syndromes. In 1921, Pagés¹ described that needle placement in the lumbar epidural space was based upon obstruction of free flow of spinal fluid from the needle and lack of resistance to injection of local anesthetic. In 1933, Dogliotti² introduced the loss-of-resistance technique into clinical practice. Dogliotti's technique described a sudden loss of resistance to injection when the needle bevel was passed from the ligamentum flavum into the epidural space; Dogliotti² was the first to describe the technique of cervical epidural block. Goebert et al³ in 1961 clinically reported using cervical epidural steroids. In 1985 an outcome study utilizing cervical epidural steroid injections was published by Pawl et al⁴ which found 51%–100% relief in 40% of patients. Since then, multiple publications have described the role of cervical interlaminar epidural steroids in the management of cervical spinal pain.⁴⁻¹⁸

Indications

- ◆ Corticosteroid injections have become an integral part of pain management for patients with cervical pain syndromes.
 - The placement of corticosteroids as close as possible to the inflamed involved nerve root in patients with radicular symptoms related to inflammation from disc herniation, spinal stenosis, or chemical sensitivity should help lead to relief of a patient's pain.
 - The use of epidural injections has been based upon this premise.⁴⁻²¹

- ◆ There are several indications for cervical epidural steroid injections including acute, benign, and cancer-related pain:
 - Cervical radiculitis or radiculopathy
 - Cervical discogenic pain
 - Cervical spondylosis
 - Chronic cervicgia
 - Diabetic polyneuropathy
 - Chemotherapy related neuropathy
 - Postherpetic neuralgia
 - Complex regional pain syndrome
 - Postcervical laminectomy syndrome
 - Cervicogenic headache
 - Various painful conditions of the cervical spine.
- ◆ Contraindications to cervical epidural steroid injections are divided into absolute and relative.
 - Absolute contraindications include patient's unwillingness to consent, true anaphylactic reaction or allergy to injectates, anticoagulant medications with bleeding tendencies, coagulopathy, local infection, sepsis, and cervical spinal stenosis with canal size less than 80 mm.
 - Relative contraindications include hypovolemia, diabetes mellitus, glaucoma, posterior cervical laminectomy scar, pregnancy due to inability to use fluoroscopy, congestive heart failure, and nonaspirin antiplatelet therapy with bleeding tendencies.