Percutaneous epidural neurolysis and endoscopic neurolysis for the treatment of chronic low back pain


Record Status
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Citation

Authors' conclusions
Evidence of moderate quality shows that using percutaneous epidural neurolysis (PEN), versus standard physical or pharmacological therapies, would result in a symptomatic and functional improvement in the treatment of low back pain associated to a post-lumbar surgery syndrome and degenerative lumbar spinal stenosis. Low quality evidence shows a better initial clinical response associated with PEN versus endoscopic epidural neurolysis (EEN) in the treatment of post-lumbar surgery syndrome, although at 12 months the clinical response was similar, and in the PEN group, the number of procedures performed was higher. Low-quality evidence suggests that the use of EEN is associated with a better clinical response at six months compared with epidural injections post-lumbar surgery syndrome treatment. Very low-quality evidence shows a reduction in pain at twelve months associated with EEN for the treatment of lumbar spinal stenosis. Most clinical practice guidelines identified point out that the evidence on PEN and EEN safety and efficacy is not enough for low-back pain treatment secondary to post-failed low back surgery syndrome or lumbar spinal stenosis. Most of the coverage policies found consider PEN and EEN at investigational stage, and they mention the need for more evaluations because there is not enough evidence about their safety and efficacy. In Argentina, the Programa Nacional de Garantía de Calidad de la Atención Médica del Ministerio de Salud (National Ministry of Health's National Program of Quality Assurance) includes PEN and EEN.

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Address for correspondence
Institute for Clinical Effectiveness and Health Policy, Viamonte 2146 - 3 Piso, C1056ABH Ciudad de Buenos Aires, Argentina Tel: +54 11 49 66 00 82 Fax:+54 11 49 53 40 58 Email: info@iecs.org.ar

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