Preface

Degenerative changes in the lumbar spine may represent a part of the normal aging process but also the cause of symptoms such as back pain, sciatica and pseudo-claudication. Defined diseases such as disc herniation, spinal stenosis and spondylolysis/olisthesis exist but also quite a few back pain syndromes with or without sciatica where less obvious explanations are encountered with only minor morphological alterations. Low back problems are increasingly common in the industrialized world and are influenced by compensational mechanisms. One obvious problem is that the same type of morphological changes that in one patient may be asymptomatic, may be an intense problem in another.

Surgical treatment of disc herniation has been performed since the 1930ies and the evolution has gone from laminectomy via focused fenestration to microdiscectomy, and today further less invasive treatment modalities exist such as percutaneous nucleotomy and chymopapain injections.

Spinal stenosis has been treated surgically since the 1950ies but today with an increased precision due to improved resolution of neuroimaging techniques. For diseases such as spondylolysis/olisthesis and also other low back pain problems, more or less well defined, fusion has been a treatment alternative. This operation has been performed since the 19th century but today refinements in the technique of bone transplantation and fixation of the lumbar spine with instrumentation have changed the picture radically though the outcome of this refined surgical technique so far has not been documented in an acceptable scientific way.

For an adequate evaluation of spinal surgery on scientific basis, a follow-up time of 2 years has been proposed as a minimum and also that follow-up should not be performed by the surgeon himself. No consensus as to how the evaluation should be performed exists.

These factors form the background to the current supplement which is a compilation of manuscripts based on presentations at the State of Art Conference, "The Degenerative Lumbar Spine," held in Lund, Sweden in November 1992. The conference was arranged by the Lund University Department of Orthopedics (head: Lars Lidgren), and it was financially supported by the Åke Wiberg Foundation. Contributions were made by a significant number of authorities on various subjects concerning disc herniation, spinal stenosis, fusion surgery and evaluation of surgical results.

I am well aware that it is not possible today to bring a consensus on the subjects described but hopefully a State of Art Conference of this type will bring us one step further in the direction of unity, and will also act as a stimulus for further research.

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