

A Needle Over a Knife: Treating Lumbar Pain When Thrombocytopenia Precludes Surgery

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Introduction

Low back pain (LBP) from multilevel degenerative changes is a debilitating condition. While laminectomy and fusion are common surgical treatments, conditions like thrombocytopenia pose a major contraindication due to severe bleeding risks. Managing complex spinal pain when surgery is ruled out remains a clinical challenge.

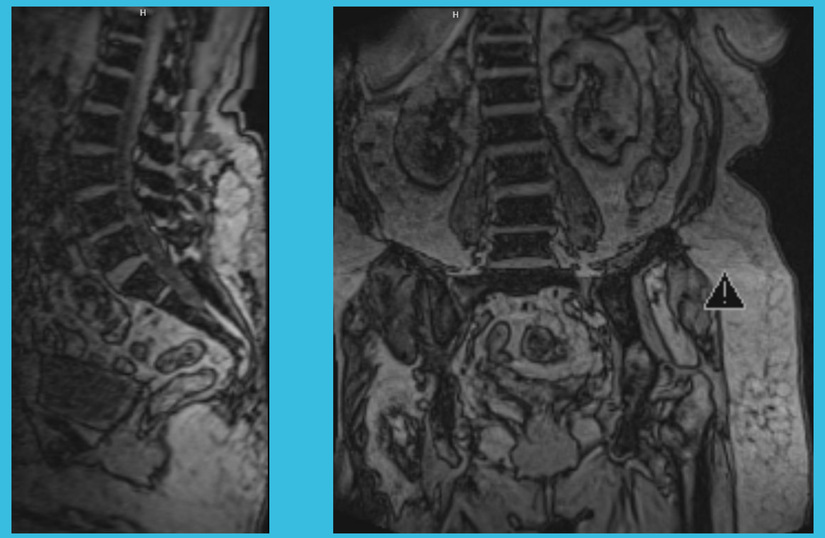
This case highlights an 80-year-old female with prior microdiscectomy and myelodysplasia-associated thrombocytopenia who achieved prolonged pain relief from a targeted lumbar interlaminar epidural steroid injection (ILESI) after surgery was deferred.

Materials and Methods

All patient protected health information has been de-identified

As the case report is devoid of patient identifiable information, it is exempt from IRB review requirements as per NuHealth policy.

Imaging



MRI imaging demonstrating mild anterolisthesis of L4 on L5, Moderate stenosis with bilateral neural foraminal narrowing at L4-L5, Diffuse disc dessication with disc bulges and facet hypertrophy at numerous levels.

Reference

1. .Schneider, B., Zheng, P., Mattie, R., & Kennedy, D. J. (2016). Safety of epidural steroid injections. Expert Opinion on Drug Safety, 15(8), 1031–1039. https://doi.org/10.1080/14740338.2016.1184246

Case Presentation

80-year-old female with relevant history of an L4-L5 microdiscectomy (10/2020) and myelodysplasia with anemia and thrombocytopenia presented with worsening LBP from multilevel degenerative changes. After her microdiscectomy, she had tried a caudal ESI and physical therapy in May 2022 with minimal relief. A spinal cord stimulator trial in November 2022 yielded 70% to 80% improvement, but she did not proceed with permanent implantation.

Returning three years later with worsening symptoms, she was evaluated by neurosurgery for a laminectomy and fusion. Surgery was ultimately deferred due to thrombocytopenia, and she was referred to the pain clinic. In January 2026, she underwent an L4/L5 ILESI. At subsequent follow-up, she reported her pain improved to a 1–2/10. At her July 2026 visit, she noted six months of significant relief, though her pain was now gradually returning, and requested a repeat injection.

Discussion

Managing recurrent spinal pathology in elderly patients is challenging, and thrombocytopenia creates bleeding risks that render surgery unfeasible. Interventional pain modalities offer a safe, effective alternative. While prior therapies provided limited utility, a targeted L4/L5 ILESI successfully reduced pain to 1–2/10, yielding six months of relief. Targeted epidural steroid injections serve as a durable, repeatable treatment for degenerative back pain when surgery is contraindicated due to thrombocytopenia.