"Making Waves"
25th Annual Pain Medicine Meeting
November 5-7, 2026 | Tampa, Florida
ASRA

Lumbar epidural varix masquerading as disc herniation in a patient with severe refractory radicular pain

Rubela Ray, MD | PGY-1 Resident | Mid-Hudson Family Medicine Residency, Kingston, New York | ray_rubela@yahoo.com

MEDICALLY CHALLENGING CASE
ABSTRACT 2491301

MAIN MESSAGE

A thrombosed epidural varix can mimic an extruded disc fragment on MRI and cause severe refractory S1 radiculopathy.

INTRODUCTION

Lumbar radiculopathy is commonly attributed to intervertebral disc herniation or degenerative spinal stenosis. Rarely, dilation or thrombosis of the epidural venous plexus can cause nerve-root compression and closely mimic an extruded disc fragment clinically and radiographically.

CASE DESCRIPTION

Patient: 56-year-old man with hypertension and obesity.

Presentation: 8 weeks of left-sided low-back pain radiating through the thigh and calf to the lateral foot. He described burning, electric-shock-like pain rated 9/10, exacerbated by coughing, sitting, and Valsalva, with lateral-foot paresthesia.

Negative history: no bowel/bladder dysfunction, saddle anesthesia, fever, trauma, or malignancy.

INVESTIGATIONS / RESULTS

NEUROLOGIC EXAMINATION	Antalgic gait; positive straight-leg raise at 35 degrees; decreased pinprick over the lateral foot; diminished Achilles reflex; plantar-flexion weakness 4+/5, localizing to the left S1 root.
MRI	Left ventral epidural lesion at L5-S1 compressing the S1 nerve root, initially interpreted as an extruded disc fragment.
CONSERVATIVE MANAGEMENT	Activity modification, physical therapy, anti-inflammatory and neuropathic analgesic therapy produced inadequate improvement. Epidural steroid injection gave transient relief.
OPERATIVE / PATHOLOGY RESULT	Surgical decompression revealed no extruded disc fragment; a dilated thrombosed epidural vein compressed the S1 root. Histopathology showed dilated vascular channels containing organizing thrombus, consistent with thrombosed epidural varix.

TREATMENT AND OUTCOME

Surgical treatment: coagulation and excision of the thrombosed epidural vein, achieving S1 nerve-root decompression.

Outcome: substantial improvement in radicular pain, sensory symptoms, and plantar-flexion strength.

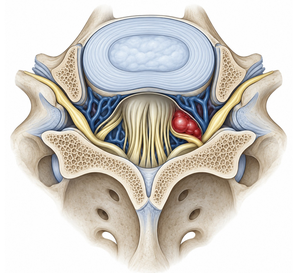
DISCUSSION

Lumbar epidural varices are uncommon causes of radiculopathy that may mimic disc herniation on MRI. Thrombosis and venous engorgement can cause nerve-root compression and inflammatory neuropathic pain. Variable MRI appearance based on blood flow and thrombus age can make differentiation from sequestered disc fragments challenging.

CONCLUSION

Epidural venous pathology should be considered in refractory radiculopathy with atypical epidural lesions, especially when symptoms, deficits, imaging, and treatment response are discordant.

CONCEPTUAL ILLUSTRATION



Conceptual illustration of an epidural venous lesion compressing a nerve root. Not patient imaging.

ETHICS / CONSENT

Written informed consent obtained for presentation and publication; all patient information de-identified. The submitted abstract states that individual case reports do not require institutional IRB / ethics review under Bankura Sammilani Medical College policy.

SELECTED REFERENCES

Bursal A et al. *J Korean Neurosurg Soc.* 2016;59:410-413. Salgado-Parente A et al. *Radiol Case Rep.* 2023;18:4522-4527. Slin'ko EI, Al-Qashqish II. *J Neurosurg Spine.* 2006;5:414-423.