

# A Report on Facet joint syndrome

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## Introduction

Facet joint syndrome is a disorder that resembles arthritis of the spine and can cause severe back and neck pain. Degenerative alterations to the joints between the spine bones are the root reason. The facet joint's cartilage may deteriorate and inflame, sending pain signals to adjacent nerve terminals. Symptom management options include medication, physical therapy, joint injections, nerve blocks, and nerve ablations. Surgery to fuse the joint may be necessary if the symptoms persist.

## Description

The spine is composed of a column of flexible bones, or vertebrae, that are joined together. With a big disc in the front and two facet joints in the back, each vertebra acts as a three-joint complex. The robust tripod shape keeps our spine flexible while maintaining the connection between the bones. Facets are synovial joints having cartilage lining, synovial fluid lubrication, and a joint capsule covering. Healthy facet joints allow the back to move smoothly without over-twisting.

Facet joint syndrome or facet arthropathy refers to pain that originates from one or more facet joints. Weight distribution on the facet joints may be unequal as a result of degenerative alterations to the spine. This additional weight wears down the joint and alters it over time: the joint capsule thins, the smooth cartilage deteriorates and takes on the appearance of cobblestones, and bone spurs may develop. Similar to knee joint arthritis, these modifications make it harder for the joint to move freely, and as a response, it becomes inflamed and irritated. Small nerves in the capsule known as the medial branch sensory nerves carry pain signals from the inflamed joint to the brain. As a result, the nearby muscles may tense and spasm.

Degeneration of the facet joints may not cause any discomfort up until a certain event. There are various signs that point to the facet joints as the source of a person's pain. In the low back, directly over the spine, the pain is frequently a diffuse, dull ache that might radiate to the buttocks. It can be felt in the shoulders and back of the skull in the neck. Pain will be felt when bending rearward or twisting sideways toward the injured joint. Periods of idleness or standing still could make the pain worse. Sitting, leaning forward, or shifting positions are actions that remove pressure off the joint and may reduce pain. The discomfort of a disc herniation might often be mistaken for facet joint problems. If bone spurs develop and impinge on the spinal nerves, pain may be felt down the arms or legs. Chronic pain or recurrent episodes of pain are also possible [1,2].

The cartilage in our joints deteriorates as we age. Pain can be brought on by an injury, repetitive motions, obesity, poor posture, and other disorders

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of the spine that alter how the facet joints align and move. A degenerating vertebral disc might be the first sign of changes in the facet joints. The cartilage degrades, the joint space becomes smaller, and the bones rub against one another as the weight of the body transfers to the facet joint.

Both men and women can experience facet joint syndrome. Between the ages of 40 and 70, and in those who are prone to arthritis, it is most prevalent. People who have suffered from spine injuries may also develop it.

Facet pain can resemble other spinal disorders. To determine whether the facet joint is the cause of your pain, a precise diagnostic is crucial. A medical history and physical examination are part of evaluation. The doctor will take into account all of the details given, including any injury history, the location of your pain, and any issues with standing or sleeping. You could be asked to stand or move about while indicating the location of your pain. The doctor might adjust your joints or check for spine-related soreness. To aid with the diagnosis and to search for further spine and hip-related issues, imaging procedures such as X-rays, CT scans, or MRIs may be prescribed.

To identify the source of pain, a diagnostic facet joint injection is frequently used. Corticosteroid and local anaesthetic are administered into the facet joint. X-ray fluoroscopy is used to administer the injection to ensure that the needle is placed precisely in the facet joint. Your pain threshold is assessed prior to, 20-30 minutes after, and over the course of the next week. If your pain level lessens by more than 75%, facet joint involvement is established. It is doubtful that the facet joint is the source of your pain if it does not decrease after the injection [3-5].

## Conclusion

It's critical to keep in mind that while radiofrequency ablations and injections may relieve symptoms, the underlying degeneration of the spine remains unchanged. By enhancing the general strength and condition of the back and reducing inflammation in the body, regular stretching, strengthening, and cardiovascular exercise may decrease the degeneration process and reduce stress to the facet joints.

## Acknowledgement

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## Conflict of Interests

None.

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