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### Biography

**Emine Dundar Ahi, MD**, is a Physical Medicine and Rehabilitation Specialist with over 10 years of clinical experience. She is currently an Assistant Professor in the Department of Physiotherapy and Rehabilitation at the Faculty of Health Sciences, Kocaeli Health and Technology University. Her academic and clinical interests focus on musculoskeletal disorders, chronic pain management, and comprehensive rehabilitation approaches. She has authored more than 20 national and international scientific publications and actively contributes to both clinical practice and academic education through evidence-based, patient-centered rehabilitation strategies.

## The Frequency Of Thoracic Disc Herniation In Patients Presenting With Chronic Upper Back Pain And The Long-Term Follow-Up Results Of These Cases

### Abstract:

Chronic upper back pain is a frequent clinical complaint with multifactorial etiologies and a substantial impact on quality of life. Thoracic disc herniation (TDH), although considered relatively uncommon, may be an underrecognized cause of persistent thoracic pain. This study aimed to determine the frequency of TDH in patients presenting with chronic upper back pain and to evaluate long-term clinical outcomes following conservative management. This retrospective study included patients who presented to the Physical Therapy and Rehabilitation outpatient clinic with chronic upper back pain and were followed for at least one year between 2016 and 2023. TDH was diagnosed using thoracic spine magnetic resonance imaging. Patients received medical treatment (analgesics and myorelaxants) alone or in combination with physical therapy. Gabapentin was added in patients with insufficient response and predominant neuropathic pain. Patients with persistent pain despite these interventions were referred to the algology department for transforaminal epidural injection. Demographic characteristics, treatment modalities, visual analog scale (VAS) pain scores before and after treatment, presence of neuropathic pain, and herniation stage were retrospectively recorded and statistically analyzed. The frequency of TDH among patients with chronic upper back pain was 39.67%. Neuropathic pain features were identified in 86 patients (44.32%). A statistically significant reduction in VAS pain scores was observed after treatment compared with baseline in all patients ( $p < 0.001$ ). None of the patients required surgical intervention during follow-up. Conservative treatment approaches, including medical therapy, physical therapy, and interventional pain management, are effective in relieving pain in patients with chronic upper back pain associated with TDH, reducing the need for surgical treatment.