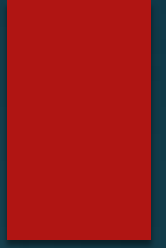


# Red Flags

GARY ROGERSON




# Diagnostic triage within primary care

- Simple backache (95% of cases)
- Nerve root pain (<5% of cases)
- Serious spinal pathology (<1% of cases)

(CSAG 1994)

# CSAG 1994 Red Flag List

- Age of onset <20 or >55 years
- Violent trauma
- Constant, progressive, non mechanical pain
- Thoracic pain
- Past medical history of carcinoma
- Systemic steroids
- Drug abuse, HIV
- Systemically unwell
- Weight loss
- Persistent, severe restriction of lumbar flexion
- Widespread neurology
- Structural deformity

- 
- More weight is given to multiple “red flags” signs/symptoms and individual findings are not necessarily indicative of serious pathology
  - Standing in isolation age < 20 or > 50, thoracic pain, weight loss or severe restriction of lumbar flexion can all be features of non serious pathology
  - However, Red Flags in combination carry more weight
  - Age > 50 + history of cancer + unexplained weight loss + failure to improve after 1 month conservative therapy = sensitivity 1.0 (Deyo 1992)

Factors which appear to have the most predictive value of serious spinal pathology include

- Age < 10 and > 51 in conjunction with other red flags
- Weight loss > 10% body weight in 3-6 months
- PMH cancer, TB, HIV
- Progressively worsening pain (conservative treatment fails)
- Severe night pain
- Widespread ( or progressively worsening) neurological deficit
- Cord signs

## Early warning signs of MSCC

- Referred back pain is multi-segmental or band-like
- Escalating pain which is poorly responsive to treatment
- Different character or site to previous symptoms
- Funny feelings, odd sensations or heavy legs
- Lying flat increases back pain
- Agonising pain causing anguish and despair
- Gait disturbance, unsteadiness, especially on stairs
- Sleep grossly disturbed due to pain being worse at night

## Other features that **may** be relevant

- “look unwell”
- “feel unwell”
- Have “bone” pain
- Prolonged steroid use, trauma, osteoporosis (all increase risk of fracture)
- Have structural deformity

# Investigations

- Most commonly radiological and haematological
- Inflammatory markers, CRP and ESR
- White blood cell count
- Tumour markers
  - CA15-3 Breast cancer
  - CA19-9 Pancreatic cancer
  - CA-125 Mainly ovarian cancer, can be elevated in fallopian tube, endometrial, lung and breast cancer
  - Carcinoembryonic antigen GI, cervix, lung cancer
  - PSA Prostate cancer



# Investigations

- Radiologically MRI is probably the “Gold Standard” for suspected serious pathology
- Suspected metastases whole spine MRI
- Further imaging as appropriate e.g. CT, bone scan

# Lumbar spine metastases



Metastases  
cervical spine  
Ca Breast primary

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List

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Rogerson Gary W

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# Infective discitis



# Diagnostic triage within primary care

- Simple backache (95% of cases)
- Nerve root pain (<5% of cases)
- Serious spinal pathology (<1% of cases)

(CSAG 1994)