If the patient stands still, then the nerve will no longer be subject to friction, and there may be some reduction in the size of the protrusion. The pain will then fade and the neurological signs regress.

SUMMARY

Three cases have been described of intermittent claudication due to pain in one leg, when the history was strongly suggestive of vascular insufficiency to the affected lower limb. In each case the cause of the symptoms was found to be due to a laterally placed lumbar disc protrusion. The underlying pathology remained unsuspected in two of these until the patient had been made to walk sufficiently far to feel pain, when the physical signs of a lumbar disc protrusion appeared. In the third patient the existing signs were increased. Myelography revealed the diagnosis in each case, and there was symptomatic relief following excision of the diseased disc. The disc protrusions were all of a most unusual consistency, in that they were soft and reducible by pressure over the summit. The disc material itself was granular, degenerate, and soft. The cause of the syndrome is thought to be largely mechanical, in so far as there appears to be a gradual increase in the size of an otherwise symptomless lumbar disc protrusion with each weight-bearing step until a critical point is reached and the patient experiences pain and begins to limp.

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