Association of sciatica with patients' height

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Objective

To correlate sciatica with patients' height. **Patients and Methods**

This descriptive cross sectional study was conducted at Military Hospital Rawalpindi from October 2005 to April 2006. One hundred patients presenting with either unilateral or bilateral sciatica were studied. Their height, weight, age and gender were recorded.

INTRODUCTION

The term "sciatica" refers to the pain along the path of this nerve. Pain radiates down the posterior or lateral aspect of the leg and is often associated with numbness or paresthesia. It may be aggravated by coughing, sneezing or the Valsalva maneuver.¹ The most common cause of sciatica is a herniated intervertebral disc, which occurs most commonly between the ages of 30 and 55 years.²⁻⁵ It has been reported that there is a positive association between being tall and low back pain.⁶ In a study it was found that men with heights of 180 cm or more were more prone to develop low back ache.⁷ The aim of this study was to determine the correlation of height with sciatica.

PATIENTS AND METHODS

This descriptive study was carried out at Department of Radiology, Military Hospital Rawalpindi for a period of 6 months, from October 2005 to April 2006. The sampling technique was non probability purposive. One hundred voluntarily participating patients were selected, irrespective of gender. All patients presented with sciatica, either unilateral or bilateral. Those who were bed ridden or were suffering from trauma and chronic debilitating diseases were excluded from the study. Patients' height (cm), age, gender, and weight (kg) were recorded.

Results

It was seen that sciatica was most common in patients whose height was in the range of 171-190 cm.

Conclusion

Sciatica is more common in tall people. (Rawal Med J 2012;37:360-361).

Key Words

Sciatica, bilateral sciatica, sciatic neuralgia.

RESULTS

As the institution caters mostly to military personnel, most of the patients were male; 67 were males and 33 females. Age of patients was between 20-70 years (Mean 41.45 ± 9.48).

Height was between 150 cm-190 cm (Mean 170.47 ± 9.6). Maximum number of patients, (41%) fell within the height bracket of 171-180 cm.

Table 1. Percentage of patients in each height bracket.

| | Height bracket | Percentage |
|---|----------------|------------|
| 1 | 150-160 cm | 14% |
| 2 | 161-170 cm | 21% |
| 3 | 171-180 cm | 41% |
| 4 | 181-190 cm | 24% |

It was also observed that left sided sciatica was more common than right sided sciatica with 54% of the patients complaining of pain along the left sciatic nerve path. 38% patients had right sided sciatica, while 8% had bilateral sciatica.

DISCUSSION

Lifetime prevalence of sciatica in developed countries is estimated at 84% in the general population.⁸ One particular risk factor is the height of a patient. Studies considering association between height and lower back pain or sciatica report both positive and negative results.⁹ In my study, maximum number of patients presenting with sciatica (41%) belonged to 171-180 cm height bracket (mean 170.47 \pm 9.6). According to one study the average height of adult Indian men and women was 165 and 152 cm respectively, however the variation in height was subject to the socioeconomic status.¹⁰ In another study, odds ratio (OR) for sciatica associated with 'height >180cm' was 3(95% CI 1.4-6).¹¹ A recent study reported a positive association between being tall and low back pain.⁶

Possible proposed mechanism is role of lumbar disc height. Natarajan suggests that discs with a smaller area to height ratio were more prone to disc prolapse leading to sciatica.¹¹ An anthropometric study showed that in taller patients, abnormality of facet joints in lumbar disc prolapse was more common.¹² Tall people might also be more exposed to strains

that lead to injury or disease. A study on aid posture among female Japanese cooks showed that the improvement of subjective discomfort through a standing aid was more effective for taller subjects.¹³

In study on Chinese middle aged women reported no association between excessive weight, tall stature and an increased risk of sciatica and a high waist to hip ratio was associated with a lower risk of severe low back pain.¹⁴ In yet another international study, it was suggested that being tall is a predictor for back surgery.¹⁵ More males were affected than females in lumbar disc herniations and prolonged bent forward working posture may be implicated.¹⁶ Maximum number of patients (38%) was in their 4th decade of life in our study. Only one patient was in her 7th decade of life, as reported in other studies.¹⁶

CONCLUSION

Taller patients were more prone to develop sciatica.

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REFERENCES

- 1. Jeffrey GJ, Richard AD. Diagnostic evaluation of low back pain with emphasis on imaging. Ann Intern Med 2002;137:586-97.
- 2. Boden SD, Davis DO, Dina TS, Patronas NJ, Wiesel SW. Abnormal magnetic resonance scans of the lumbar spine in asymptomatic subjects. A perspective investigation. J

Bone Joint Surg Am 1990;72:403-8.

- 3. Jensen MC, Brant-Zawadzki MN, Obuchowski N, Modic MT, Malkasian D, Ross JS. Magnetic resonance imaging of the lumbar spine in people without back pain N Engl J Med 1994;331:69-73.
- Boos N, rieder R, Schade V, Spratt KF, Semmer N, Aebi M. The diagnostic accuracy of magnetic resonance imaging, work perception, and psychosocial factors in identifying symptomatic disc herniations. Spine 1995;20:2613-25.
- 5. Jarvik JJ, Hollingworth W, Heagerty P, Haynor DR, Deyo RA. The Longitudinal Assessment of Imaging and DisabilityOf the Back (LAIDBack) Study: baseline data Spine 2001;26:1158-66.
- 6. Palmer KT, Harris EC, Griffin MJ, Bennett J, Reading I, Sampson M, et al. Case-control study of low-back pain referred for magnetic resonance imaging, with special focus on whole-body vibration. Scand J Work Environ Health 2008;34:364-73.
- 7. Heliovara M. Body height, obesity, and risk of herniated lumbar intervertebral disc. Spine 198712:469-72.
- 8. Walker BF. The prevalence of low back pain: a systematic review of the literature from 1966 to 1998. J Spinal Disord 2000;13:205-17.
- 9. Leclerc A. Tubach F. Landre MF. Ozguler A. Personel and occupational predictors of sciatica in the GAZEL cohort. Occup Med (London) 2003;53:384-91.
- 10. Mamidi RS, Kulkarni B, Singh A. Secular trends in height in different states of India in relation to socioeconomic characteristics and dietary intakes. Food Nutr Bull 2011; 32:23-4.
- 11. Natarajan RN, Andersson GB. The influence of lumbar disc height and cross-sectional area on the mechanical response of the disc to physiologic loading. Spine 1999;24:1873-81.
- Karacan I, Aydin T, Sahin Z, Cidem M, Koyuncu H, Aktas I, et al. Facet angles in lumbar disc herniation: their relation to anthropometric features. Spine 2004; 29:1132-6.
- 13. Iwakiri K, Kunisue R, Sotoyama M, Udo H. Postural support by a standing aid alleviating subjective discomfort among cooks in a forward-bent posture during food preparation. J Occup Health 2008;50:57-62.
- 14. Yip YB, Ho SC, Chan SG. Tall stature, overweight and the prevalence of low back pain in Chinese middle-aged women. Int J Obes Relat Metab Disord 2001;25:887-92.
- 15. Coeuret-Pellicer M, Descatha A, Leclerc A, Zins M. Are tall people at higher risk of low back pain surgery? A discussion on the results of a multipurpose cohort. Arthritis Care Res (Hoboken). 2010;62:125-7.
- Iftikhar AB, Noman M, Javed M, Faisal N, Humanyun P. Magnetic resonance patterns of lumbar disc disease. J Rawal Med Coll 2004;8:53-6.