## Comparison of High Sensitivity C -Reactive Protein Levels Among Acute and Chronic Lower Back Pain Patients Undergoing Lumbar Discectomy

ND Withanage<sup>1\*</sup>, H Peiris <sup>2</sup>, S Perera <sup>3</sup>, P Dias <sup>4</sup>, LV Athiththan <sup>2</sup>

<sup>1</sup>Department of Allied Health Sciences, Faculty of Medical Sciences, University of Sri
Jayewardenepura, <sup>2</sup>Department of Biochemistry, Faculty of Medical Sciences, University of Sri
Jayewardenepura, <sup>3</sup>The Central Hospital, Colombo 8, <sup>4</sup>Department of Statistics, Faculty of Applied

Sciences, University of Sri Jayewardenepura

withanagend@sjp.ac.lk

**Background:** Lumbar disc herniation (LDH) gives rise to low grade inflammation around the herniated discs. Level of high sensitivity C-reactive protein (hs-CRP) may associate with the severity of lower back pain.

**Objective:** To identify the association between hs-CRP levels and acute back pain (ABP) and chronic back pain (CBP) in patients undergoing lumbar discectomy.

*Methods*: A serum aliquot of 200  $\mu$ L from each patient (n=104) undergoing lumbar discectomy was analyzed for hs-CRP using immunoturbidometric assay.

**Results and Discussion:** Majority (81.7 %) presented with CBP (males=44; females=41) while 18.4 % had ABP (males=10; females=9). In both CBP and ABP groups, age ranged from 18-79 years. Even though a significant difference (p=0.211) was not observed in mean hs-CRP, CBP patients had (4.6±8.4 mg/L) elevated hs-CRP compared to ABP (2.1±2.5 mg/L). There were 32.9 % CBP patients with elevated hs-CRP (>3 mg/L). Studies have reported that hs-CRP in CBP remains constant with no correlation to the pain. However, 5/19 ABP patients had elevated hs-CRP (>3 mg/L) levels.

**Conclusion:** High hs-CRP level in patients with CBP might be suggestive of low grade inflammation around the herniated disc and the necessity for anti-inflammatory treatments in CBP.

## Acknowledgment

Financial assistance by University Grants Commission (UGC/DRIC/PG/2013) and University Grant-USJP (ASP/01/RE/MED/2016/43)