

## Causes and Treatment of Sacral Spine Bone Injury

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### DESCRIPTION

The sacrum is the triangle-shaped bone at the tip of the spine between the body part of the spine and the tailbone. The sacral spine is formed of five segments, S1-S5, that together have an effect on nerve communication to the lower portion of the body. It is necessary to know that the spinal cord doesn't extend on the far side the body part spine. L2 is that the lowest vertebral section that contains spinal cord. Then purpose, nerve roots exit every of the remaining vertebral levels on the far side the spinal cord. Damage to the spine at the sacrum levels affects the nerve roots as follows:

- S1 affects the hips and groyne space.
- S2 affects the back of the thighs.
- S3 has an impact on the medial body part space.
- S4 and S5 affect the perineal area.

### Causes and treatment

Damage to the sacral spine is less common than different types of spinal cord injuries. The sacral spine is also the least likely space for spinal nerves to become compressed. Some incomplete spinal injuries to the current level are noted as sacral stinting because the motor performance pathways are spared within the injury. Lower back pain, leg pain that can radiate down the back of the legs, and sensory problems in the groyne and buttocks area are all symptoms. The most common causes of spinal cord injuries to the sacrum are: motor vehicle accidents, trauma, falls, birth defects, and degeneration. Diagnosis includes determining if an individual has an S1-S5 bone injury; a doctor can raise concerns about the symptoms and do a whole physical test within which they give the impression of being for signs of S1-S5 bone injury, like a gap between these bones. It should even be necessary for the doctor to order one of the subsequent tests to verify the diagnosis. An X-ray of your back will show bone changes that will narrow the areas within the vertebral canal. Magnetic resonance imaging creates a cross-sectional image of the spine, which will notice wherever nerves within the spinal cord are under pressure. It can also reveal any harm to discs and ligaments. A Computed Tomography (CT) scan is a CT scan that can also produce pictures of the spine. It combines X-ray pictures

taken at totally different angles to provide a cross-sectional image of the spine. There is damage to the S1-S5 spine. While there's no spinal cord within the sacral spine region, the sacral nerves truly originate within the body part of the spine. Damage done to the nerve roots within the lower body part of the spine and into the sacrum might have similar symptoms to spinal cord harm. Patients with spinal nerve injuries might have symptoms on one or both sides of their bodies. Injuries to the sacral spine might leave the patient with a point of performance loss within the hips and/or legs. The patient could possibly be ready to walk and drive a car. An injury to the sacral spinal cord might leave the patient with very little or no gut movement. However, the patient is utterly autonomous and has the flexibility to perform their own self-care. The sacral region is home to the centre for girdle organs like the bladder, bowel, and sex organs. Sexual performance could be a concern, particularly in men with World Health Organization expertise in sacral nervous spinalis injuries. Men's fertility could also be affected by body part and/or spinal nerve injuries, whereas a woman's fertility is usually not affected. Spinal stenosis is additionally referred to as vertebral stenosis. It's a condition in which areas in your spine become too slender (the term "stenosis" refers to the narrowing of any passage within the body). As a result, bones or different components of the spine begin pressing on your spinal cord and different nerves. Spinal stenosis can happen any place in the spine, and its causes and symptoms could also be totally different depending on where the narrowing happens. Stenosis sometimes happens in the cervical region of the spine, close to the pinnacle and neck, or in the body part region within the lower back.

Current treatments for spinal cord patients with sacrum injuries are drugs like Non-Steroidal Medication (NSAID) medicines, which are employed in treating spinal cord and nerve root injuries. Surgeries include surgical decompression of the nerves and fusions of the vertebrae are done to reduce pressure on the spinal nerves and fixate the vertebral column around the spinal cord injury. Therapy such as Physiatics is done to encourage strength within the areas that are laid low with spinal cord harm, likewise to maintain performance within the non-affected space.

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