Introduction and Aim of the work

Low back pain is a highly common problem and causes much morbidity and socioeconomic loss in the community. Although most low back pain is self –limiting , it leads to functional limitation when it is persistent and associated with radicular pain .This is among the most common reason for use of medical services ***(Umit et al.,2007).***

Low back pain is considered as the fifth cause of referrals to medical centres. Both sexes are involved and individuals have this problem more frequently between ages 30 and 50 years. Smokers and people with sedentary or active jobs are at increased risk ***(Owlia et al.,2007).***

The treatment of low back pain must follow a logical consequence of diagnosis and management. The vast majority of patients with low back pain suffer from some mechanical derangement of the disc, ligaments, facet or nerve root complex. Majority of these discogenic problems resolve with conservative treatment ***(Sethi et al.,2003)***.

The recent researches that have been conducted within the last decade show that a definite trend towards non-surgical management of lumbosacral disc herniations with radicular symptoms has occurred . Non-surgical treatment of lumbar radicular pain includes non-steroid anti-inflammatory drugs (NSAIDs), analgesics, oral or parenteral steroids, therapeutic exercises and the epidural injections. The treatment options are considerable and yet the outcomes associated with many treatments are either questionable or not well investigated ***(Umit et al., 2007).***

Epidural steroid injections are considered when the conservative measure with rest and analgesics fail. These are low risk alternatives to surgery. They are effective in patients with symptoms of up to three years. They have the advantage of simplicity, cost effectiveness, minimal invasion and early relief of symptoms. It is also a method of crisis intervention and prognosticator, thereby meaning that they are more effective in acute and severe form of radiculopathy. They also reduce the need for narcotics. They can avoid operative intervention for a period of up to five years. Epidural steroids can be given either through lumbar or caudal route ***(Shahzad et al.,2008).***

Aim of the work

The aim of this work to compare effectivness of both caudal, lumbar epidural steroide injection with oral non-steroidal anti-inflammatory drugs plus other conservative measures on relieving pain in patients with lumbar disc prolapse.