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LETTER TO THE EDITOR

COVID-19, intradiscal ozone therapy and back pain: a correspondence

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Dear Editor, we would like to comment on "COVID-19 and low back pain: previous infections lengthen recovery time after intradiscal ozone therapy in patients with herniated lumbar disc [1]." Patients previously impacted by COVID-19 demonstrated a considerably longer recovery time in cases of lumbar disc herniation treated with percutaneous intradiscal ozone therapy, according to Somma et al. [1]. We concur that COVID-19 may have a clinical relationship to lumbar disc herniation. Clinical evidence suggests a connection between pain and COVID infection [2]. The most often uncomfortable body parts during COVID-19 were the head and limbs [2]. Additionally, it was shown that pain could persist after an infection [2]. Although it is uncommon, neuropathic pain affects a lot of COVID-19 individuals [3]. In one observational research, more than 2% of COVID-19 patients experienced neuropathic pain [3]. The COVID-19 pain may have been restricted to the back and may have involved an area innervated by several levels of spinal nerves [3]. In exceedingly rare circumstances, the infection-induced hematoma in COVID-19 could be the cause of the back pain [4].

It may be difficult to evaluate the exact effect of COVID-19 and percutaneous intradiscal ozone therapy without a control group. COVID-19 is also available in a variety of forms. The topic of whether various variants can have a clinical influence on response to percutaneous intradiscal ozone therapy warrants additional investigation. Finally, several factors influence the responsiveness to percutaneous intradiscal ozone therapy. Given that oxygen-ozone therapy breaks down proteoglycan GAGs that maintain disc osmotic pressure, dehydrating the nucleus pulposus, and reducing intervertebral disc volume may be the primary mechanism by which ozone relieves nerve root compression and alleviates herniated disc-related pain, any concurrent medical problems that can alter inflammatory cytokine responses may have clinical impact [5]. Diabetes or metabolic syndrome, for example, raises the risk of inflammatory processes and has been linked to clinical difficulties and treatment response in herniated disc patients [6]. The effects of a possible confounding factor must be eliminated.

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Declarations

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Informed consent Informed consent is not applicable.

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