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Back Pain should not be treated using Antibiotics

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Antibiotic resistance is described by WHO as one of the biggest future threats against human health, why new indications for using Ab should be seriously questioned if there is lack of scientific evidence. Some researchers have suggested that long time (three months) broad spectrum antibiotics (Ab) could be used in treating patients with chronic low back pain (>3 months) if they also have Modic changes type1 on MRI in vertebral bodies. The argument is that MC1 (inflammation) is a possible sign of a “low grade sub-clinical” infection.

These researchers argue that various bacteria, above all the common skin bacterium *Cutibacterium acnes*, could spread hematogenously to discs, where they trigger an inflammatory reaction causing MC1 and irritate nociceptive nerve endings, thus inducing pain. Other studies haven't found this connection or have been cautious in their conclusions. As LBP, with or without leg pain, is one of the most common human disorders, it is probable that Ab will be tried in many patients with LBP, MC1 or not. These MRI-changes are also found in patients without back pain why the causation with LBP many times is doubtful. Research groups in Denmark, Norway and Sweden have independently conducted studies from 3 different

perspectives. The three studies were all published during 2019 in different international peer reviewed journals. The Swedish study concluded that bacteria in discs found during surgery for LDH most probably is due to contamination. The Danish study found that patients with MC1, after 13 years FU, had not more back pain compared with patients without MC1. The Norwegian multicenter study found no relevant clinical effect using Ab compared with placebo.

Conclusion: Ab should not be used for back/leg pain unless there is a clinically relevant infection in the disc/vertebra, i.e. discitis/spondylitis

Speaker Biography

Peter Fritzell is an associate professor at Uppsala University, Sweden. He has over 50 publications that have been cited over 5000 times, and his publication H-index is 28. He has been working as a register manager for the national Swedish quality register for over 20 years, Swespine, with approximately 160 000 patients registered and who are followed up after spine surgery at 1-2-5-10 years. He is engaged in education and research at Futurum Academy, Jonkoping and at Spine Clinic RKC in Stockholm. He is, besides clinical research, engaged in register research and health economics, i.e. cost-effectiveness.

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