主持人引言（11 月 25 日上午「腰酸背痛的診療」）摘要

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Low back pain (LBP) is a common and universal health disorders. The prevalence of LBP was reported from 20% to 30% in the general population and 30% to 50% of the rheumatic complaints in a general medical practice.

LBP can be divided into 2 spectrums: (1) inflammatory low back pain (2) non-inflammatory low back pain. The most common disease in inflammatory LBP is spondyloarthritis, particularly ankylosis spondylitis (AS). Many diseases belonging to noninflammatory LBP including myofascia or fibromyalgia pain, osteoarthritis, disc nerniation, tumors, muscle strains, DISH, spinal stenosis, osteoporosis, and visceral-referred diseases (aortic aneurysm, peptic ulcer, etc.). LBP with morning stiffness beyond 30 minutes and elevated ESR or CRP favor “inflammatory back pain”. Even without sacroiliitis or peripheral arthritis, the positive family history, positive B27 and early inflammation and edema on the MRI can make the early diagnosis of AS or other SPA (psoriatic arthritis, etc.). Diagnosis of each disease for LBP will base upon the detailed clinical history, complete physical examination, radiology (including CT or MRI if necessary) and serologic tests, etc. Treatment consists of simple analgenic (acetoaminophin or Tramadol), NSAIDs (COX1 or COX2), or DMARDs (salzopyrine, etc.). Severe osteoporosis with compressed lamber fracture may require calcium + Vit D and antiresorptive agents (bisphosphomate, SERM or even forteo). Severe and uncontrolled LBP in AS require biologic agents. Surgical intervention is considered when disc herniated remarkably or compressed fracture is severe.