

Thoracic Disc Herniation

A thoracic disc herniation is a slipped disc in the mid-back — the part of the spine to which the ribs attach. It is much rarer than a slipped disc in the neck or lower back, is often found by chance on a scan with no symptoms, and, when surgery is needed, the way it is done matters enormously.

THE BIG PICTURE

Uncommon, often silent, occasionally important

Symptomatic thoracic disc herniations are rare. Many are found by accident on scans done for other reasons, in people with no related symptoms, and a large proportion are calcified (hardened). The mid-back is also different because the spinal cord itself runs through it, in a tight space, so a central disc can press on the cord rather than just a single nerve.

IN PLAIN TERMS

A thoracic disc herniation is a slipped disc in the mid-back. It is uncommon, frequently harmless and found by accident, and only occasionally the cause of real symptoms.

1 Why the mid-back is different

The thoracic spine is the most stable part of the spine because the ribs anchor it, which is why discs rarely herniate here. But the spinal cord runs through this region in a narrow space, draped against the front of the canal by the spine's natural curve. So a **central** disc can press directly on the cord (causing a condition called thoracic myelopathy, affecting the legs, balance and bladder/bowel), while a disc more to the **side** tends to pinch a single nerve that wraps around the chest or abdomen in a band.

THE KEY IDEA

A central thoracic disc can threaten the spinal cord, not just a nerve. That is why cord symptoms must be taken seriously, and why the surgical approach is so important.

2 Symptoms

- Dull, localised mid-back pain — often the first symptom.
- Band-like pain wrapping around the chest, trunk or abdomen, which can mimic heart, lung or abdominal disease.
- Numbness or tingling, sometimes with a 'level' on the trunk above which sensation feels normal.
- Cord-pressure (myelopathy) symptoms: leg weakness or stiffness, unsteadiness, balance problems, and bladder or bowel disturbance.

SEEK URGENT REVIEW IF YOU NOTICE

Progressive leg weakness or stiffness; developing unsteadiness or difficulty walking; a band or level of altered sensation across the trunk; or any new bladder or bowel disturbance. These suggest pressure on the spinal cord.

3 How it is assessed

The key investigation is an **MRI** scan, which shows the disc, the cord and any compression. A **CT** scan is added to show calcification and bone detail — important because many thoracic discs are calcified and may be stuck to the lining of the cord. The single most important principle is that the scan must be interpreted alongside the symptoms: because silent thoracic discs are so common, a disc only matters if its level and position match the pattern of symptoms and examination findings.

REASSURANCE

Most thoracic disc herniations are silent or settle with non-surgical care — about eight in ten people return to their previous activity without an operation.

4 Treatment

Non-surgical care (first-line for most)

An incidental disc causing no symptoms needs only reassurance and observation. For symptomatic herniations without cord involvement, non-surgical care is effective for most people: sensible pain relief including medicines for nerve and band pain, physiotherapy and posture work, activity modification, and targeted image-guided injections for persistent band pain.

Surgery — and why the approach matters

Surgery is considered for cord compression (myelopathy), a progressing neurological problem, or severe band or radiating pain that has not responded to non-surgical care. Crucially, a central thoracic disc must **not** be removed through a simple operation from the back of the spine, because reaching it that way would mean pulling the cord aside, which the thoracic cord tolerates very poorly. Instead the disc is reached from the **front or side** — through the chest (open or keyhole/thoracoscopic) or a side approach — so it can be removed without disturbing the cord. In selected cases, particularly soft discs to the side, a **full-endoscopic, transforaminal keyhole operation** (transforaminal endoscopic thoracic discectomy) can remove the disc through a tiny incision, with less disruption and a quicker recovery; large, central or calcified discs still usually need a front or side approach. Matching the right approach to the individual disc is one of the most important parts of treating this safely.

Thoracic disc surgery is specialised and technically demanding, with a meaningful complication rate, and is best done in experienced hands. In well-selected patients results are generally good, though recovery of established weakness is variable — which is why cord symptoms should not be left.

5 Outlook

For most people a thoracic disc herniation is not a serious problem — it is either silent or settles with non-surgical care. Surgery is reserved for the minority with cord compression, a progressing neurological problem, or intractable pain, and in carefully selected patients treated through the right approach the results are generally favourable. The key throughout is to match the imaging to the symptoms, act promptly on any sign of cord involvement, and choose the approach to suit the individual disc.

THE KEY MESSAGE

A thoracic disc herniation is an uncommon slipped disc in the mid-back, often found by chance and causing no symptoms. The symptoms that matter most are those of pressure on the spinal cord — leg weakness, unsteadiness, or bladder or bowel disturbance — which need prompt assessment. Diagnosis rests on MRI, with CT for calcification, always interpreted alongside the symptoms. Most people are managed without surgery; when surgery is needed it must reach the disc from the front or side, never by pulling the cord aside from behind, and is specialised work best done in experienced hands.

A NOTE BEFORE YOU START

This information is for general education and does not replace the advice of your clinical team. Please use it to ask better questions, not to make decisions on your own.

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