Introduction
In a great neurological practice in the south west of Germany with about 5500 out-patients a year more than one third suffered of backache. In 1432 patients computed tomography revealed a disc herniation as anatomical case of radicular neurologic deficit (table 1). Of these, 420 patients (29%) suffered of cervical disc disease, another 1012 (70%) of lumbar disease. In all 1432 patients disc herniation of cervical or lumbar discs was clearly demonstrated by computed tomography. Some of them had both, lumbar and cervical disc prolapse (210 patients 14%).

Method
Computed tomography of the cervical and lumbar spine was taken from the level of C2/ to D1 in 5 or 3mm slices. Concerning the cervical spine 25 to 32 slices were taken of each patient. Concerning the lumbar region we performed computed tomography from level L3 to the level of S1 with 5mm slices. That is to say 20 to 28 slices were taken in patients with lumbar disc prolapse regularly.

We used a Philips Tomoscan EG Unit for our examinations. The slices were performed with 120 ky, 2 seconds exposition time and 20 mA. The tube-current-time-product ranged between 800 and 1600mAs for each patient, respectively. So the complete cervical and / or lumbar anatomy was demonstrated completely by gapless computed tomography in all 1432 patients (1,3,5,6).

The slices were filmed and documented on 24x32 cm x-ray film and evaluated by two radiologists, one neuroradiologist and one neurologist. For therapy, 12mg of Dexamethasone and 500 mg of acetylic salicylic acid solution were applied intravenously within 30 minutes in 250 ml of 0,9% Natriumchloride. Complaints and neurologic record were checked after 24 and 48 hours.

Results
After 24 hours 1072 patients (75%) had a complete or very good and 259 (18%) had a good remission, 201 (14&%) patients showed no sign of bettering or even worsening (table 3). 48 hours after the infusion the outcome of our 1432 patients was even better: 1160 (81%) showed a complete or a very good remission, another 150 (10%) showed a good remission, 112 (8%) reported no change or even worsening. On the whole, the infusion of high dose Dexamethasone was well tolerated. We had only 170 patients with sideeffects: tachycardia in 110, nausea and vomiting in 2, gastrointestinal problems in 57 patients. One of these showed a gastrointestinal bleeding within 48 hours.

Discussion
High dose Dexamethasone is safe and effective in the treatment of spinal nerve root compression syndrome when administered intravenously (2,4). More than 80% of our patients had a good remission within 48 hours after the infusion. There was only one serious sideeffect (gastrointestinal bleeding) in 1432 patients treated.

References: