

UNMASKING A CHRONIC LOW BACK PAIN: THE HIDDEN ROLE OF COPEMAN'S NODULES AND TARGETED THERAPY

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Background

Chronic low back pain (CLBP) is a common complaint with a broad differential diagnosis, often attributed to mechanical, inflammatory, or neuropathic causes. In clinical practice, musculoskeletal mimickers such as Copeman's nodules—fatty nodular formations typically associated with myofascial or ligamentous pain—are frequently overlooked. Physical and Rehabilitation Medicine (PRM) plays a crucial role in identifying these underdiagnosed entities and implementing targeted interventions.

Case report

We report the case of a 33-year-old female with a two-year history of daily mechanical low back pain, worse in the evening and exacerbated by prolonged sitting or standing, that was being followed up in rheumatology appointment. Initial investigations, including CT imaging, were unremarkable except for mild degenerative changes. Despite symptomatic relief with muscle relaxants and analgesics, the pain persisted. Upon PRM evaluation, bilateral Copeman's nodules at L5 were identified as the likely pain generators. An ultrasound-guided corticosteroid-anesthetic (1 mL Methylprednisolone + 1 mL Ropivacaine) infiltration was performed in the nodules. At one-month follow-up, the patient reported complete resolution of pain (EVA 8/10 to 0/10).

Conclusion

This case highlights the importance of PRM in the assessment and management of chronic low back pain, particularly in identifying overlooked etiologies such as Copeman's nodules. A multidisciplinary approach enabled not only accurate diagnosis but also effective, minimally invasive treatment with rapid symptomatic improvement.

Keywords: copeman, nodules;; low, back, pain;