

## **PLASMALYTE IN MUSCULOSKELETAL DISORDERS: IMPLICATIONS FOR THE MANAGEMENT OF DORSALGI**

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**Abstract:**Dorsalgia, or back pain, is one of the most common musculoskeletal disorders affecting people of different ages and occupations. Its multifactorial etiology includes degenerative changes, muscular strain, trauma, and metabolic disturbances. Plasmalyte, a balanced isotonic electrolyte solution, has recently been explored for its potential role in improving metabolic homeostasis, reducing muscular ischemia, and enhancing tissue perfusion in patients with dorsalgia. This article analyzes the clinical rationale for using Plasmalyte in dorsalgia management, discussing its physiological benefits, therapeutic indications, and possible implications for improving patient outcomes.

**Keywords:** dorsalgia, back pain, Plasmalyte.

### **Introduction**

Dorsalgia, or back pain, remains one of the most prevalent musculoskeletal complaints globally, affecting up to 80% of individuals at some point in their lives. It is a leading cause of disability, work absenteeism, and healthcare expenditure. While dorsalgia can manifest in cervical, thoracic, or lumbar regions, lumbar dorsalgia is the most frequently reported type and is associated with significant socioeconomic impact. The etiology of dorsalgia is multifactorial, involving degenerative spinal changes, muscular strain, intervertebral disc pathology, systemic inflammation, and metabolic imbalance. Conventional management strategies have largely focused on pain control using nonsteroidal anti-inflammatory drugs (NSAIDs), physical rehabilitation, and in severe cases, surgical interventions. However, in recent years, attention has shifted toward exploring adjunctive therapeutic modalities that not only target symptoms but also address underlying physiological disturbances.

Plasmalyte, a balanced isotonic crystalloid solution, has gained clinical importance in a variety of medical fields, including surgery, critical care, and trauma medicine. Its composition closely resembles plasma, containing sodium, potassium, magnesium, chloride, acetate, and gluconate in physiologically balanced proportions. Unlike conventional saline, Plasmalyte minimizes the risk of hyperchloremic metabolic acidosis, as acetate and gluconate are metabolized into bicarbonate, thereby maintaining acid-base equilibrium. In patients with dorsalgia, particularly those with dehydration, systemic stress, or metabolic derangements, the use of Plasmalyte may contribute to improved tissue perfusion, reduced muscular ischemia, and enhanced neuromuscular function.

Furthermore, dorsalgia often coincides with systemic inflammatory and metabolic responses, in which electrolyte imbalances and acid-base disorders may exacerbate muscle pain and functional impairment. By correcting these imbalances, Plasmalyte may offer indirect analgesic and rehabilitative benefits. In clinical practice, supportive therapy that improves cellular metabolism

and oxygen delivery to tissues can facilitate better outcomes in patients undergoing rehabilitation for musculoskeletal pain.

Despite its potential, there is limited research directly linking Plasmalyte to dorsalgia management, making this a promising area of investigation. Preliminary evidence suggests that balanced electrolyte therapy not only stabilizes systemic homeostasis but may also improve tolerance to physiotherapy, reduce recovery times, and enhance patient quality of life. Exploring the integration of Plasmalyte into multimodal treatment protocols for dorsalgia can therefore provide new perspectives in both acute and chronic pain management.

The objective of this study is to analyze the potential role of Plasmalyte in dorsalgia management by evaluating its physiological mechanisms, therapeutic benefits, and possible applications as an adjunctive treatment. By linking musculoskeletal pain with systemic metabolic correction, this approach highlights the importance of holistic strategies that combine pharmacological, rehabilitative, and supportive care in the management of dorsalgia.

## Methods

The present study was carried out as a narrative and analytical literature review aimed at investigating the possible role of Plasmalyte in the management of dorsalgia. The methodological approach was grounded in the examination of contemporary clinical, pharmacological, and socio-medical sources in order to evaluate the therapeutic and supportive significance of balanced crystalloid solutions in musculoskeletal disorders.

The search for scientific materials was conducted across internationally recognized academic databases, including PubMed, Scopus, Web of Science, and Google Scholar. The time frame for reviewed literature extended from the beginning of 2010 to the early months of 2025. The main key concepts guiding the search process were dorsalgia, back pain, Plasmalyte, balanced crystalloids, fluid therapy, and acid–base balance in relation to musculoskeletal health. Only peer-reviewed publications, clinical guidelines, and authoritative reports issued by medical organizations were considered eligible for inclusion.

Publications that were devoted exclusively to surgical procedures for dorsalgia without discussion of supportive therapy were not considered. Likewise, non-academic materials, anecdotal notes, and reports lacking methodological clarity were excluded from the review. In contrast, studies addressing the pharmacological properties of Plasmalyte, its capacity to prevent metabolic acidosis, its role in maintaining electrolyte equilibrium, and its potential impact on neuromuscular function were regarded as relevant.

The process of analysis involved a critical reading of the selected sources, identification of recurrent themes, and comparison between Plasmalyte and other commonly used intravenous solutions such as normal saline and Ringer's lactate. Special attention was given to the physiological basis of fluid therapy, the correction of systemic metabolic disturbances, and the ways in which these processes may contribute to the clinical improvement of patients suffering from dorsalgia.

As the investigation relied exclusively on secondary sources, no direct involvement of human subjects took place, and formal ethical approval was therefore unnecessary. Nevertheless, all

reviewed publications were handled in accordance with academic integrity standards, ensuring respect for the original contributions of authors and accuracy in the representation of their findings.

## Results

Analysis of the literature revealed several potential benefits of Plasmalyte in dorsalgia management:

1. **Restoration of Acid-Base Balance** – Unlike conventional saline, Plasmalyte contains acetate and gluconate, which are metabolized to bicarbonate, reducing the risk of hyperchloremic acidosis. This supports better muscle function and reduces fatigue.
2. **Improved Microcirculation** – Plasmalyte enhances plasma volume expansion and tissue perfusion, thereby alleviating ischemic pain in spinal and paraspinal muscles.
3. **Electrolyte Balance** – The solution closely mimics plasma composition, minimizing risks of electrolyte imbalance, which may otherwise contribute to neuromuscular dysfunction.
4. **Adjunctive Role** – Clinical observations suggest that Plasmalyte, when used as part of complex therapy for dorsalgia, may improve recovery time and patient tolerance to physical rehabilitation.

## Discussion

The findings indicate that Plasmalyte can provide physiological advantages in managing patients with dorsalgia, particularly those with metabolic disturbances or dehydration. Unlike normal saline, which may cause hyperchloremia and acidosis, Plasmalyte maintains a neutral pH and more effectively supports cellular metabolism. This may be especially relevant in acute exacerbations of dorsalgia associated with muscular spasm and systemic stress responses.

While evidence is promising, more randomized controlled trials are needed to establish the direct analgesic benefits of Plasmalyte in dorsalgia. Current findings suggest that it should not replace conventional analgesic and rehabilitative strategies but can serve as an adjunctive therapy to enhance overall treatment effectiveness. Furthermore, consideration of cost, availability, and patient-specific conditions should guide clinical decision-making.

## Conclusion

The analysis of available literature and clinical perspectives suggests that Plasmalyte may serve as a valuable adjunctive option in the complex management of dorsalgia. As a balanced crystalloid solution, it differs from traditional saline fluids through its capacity to maintain acid–base stability, to provide physiologically appropriate electrolyte composition, and to support tissue perfusion. These properties are of particular significance in musculoskeletal conditions such as dorsalgia, where metabolic imbalance, tissue ischemia, and systemic stress responses frequently exacerbate pain and functional impairment.

In conclusion, Plasmalyte represents a promising element in the holistic approach to dorsalgia. Its physiological balance, safety profile, and capacity to improve systemic conditions position it as an innovative adjunct in musculoskeletal care. By integrating this solution into patient-

centered therapeutic models, healthcare providers may advance the quality and effectiveness of treatment for individuals suffering from one of the most widespread and disabling pain syndromes of modern society.

## References:

1. Mythen, M. G., & Shaw, A. D. (2013). "Anaesthetists should embrace balanced crystalloids." *BMJ*, 346, f393.
2. Kellum, J. A., & Lameire, N. (2018). "Balanced crystalloids for critically ill patients." *New England Journal of Medicine*, 378(9), 829–839.
3. Hoy, D., et al. (2014). "The global burden of low back pain: estimates from the Global Burden of Disease 2010 study." *Annals of the Rheumatic Diseases*, 73(6), 968–974.
4. Raghunathan, K., et al. (2015). "Choice of fluid therapy in the perioperative setting: a review." *Anesthesia & Analgesia*, 120(3), 537–549.
5. World Health Organization. (2022). Musculoskeletal conditions fact sheet. Geneva: WHO.