

Clinical Image

A Rare Case of Extensive Spondylodiscitis

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A 71-year-old man with a history of diabetes mellitus was admitted to our hospital with a 2-week history of fever and low back pain. Physical examination showed fever (38.1°C), painful palpation of the lower lumbar vertebrae and right lower limb paresis. Blood examination revealed an increased white blood cell count (16700x10⁹/L) and C- reactive protein (22,39 mg/dL). Magnetic resonance imaging showed extensive spondylodiscitis, with osteomyelitis of the L5, S1 and S2 vertebral bodies, discitis, large epidural empyema, paraspinal and epidural abscesses. Patient was submitted to surgical treatment and was started on empirical



Figure 1: Spondylodiscitis with osteomyelitis of the L5, S1 and S2 vertebral bodies, paraspinal abscess and epidural empyema.



Figure 2: Large epidural empyema.

antimicrobial therapy. Blood and intraoperative cultures were negative. Brucellosis and tuberculosis testing was negative. A 10-week course of antimicrobial therapy was performed with progressive decline of acute-phase reactants, reduction in pain and improvement of the neurological deficit. At 1-year follow up with light residual lower back pain and no neurological deficit.