CLINICAL PRACTICE

Clinical Images

Spinal Epidural Abscess with Discitis and Vertebral Osteomyelitis

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Figure 1. MRI revealing discitis and osteomyelitis. A=Epidural abscess; B=Discitis; and C=Osteomyelitis.

A 65-year-old man presented with two weeks of low back pain, two days of neck pain, headache, and fever. One month ago he had an epidural catheter placed for knee manipulation treatment of postoperative arthrofibrosis. The catheter was left in place for two days. Exam revealed a low-grade fever and nuchal rigidity. His white blood cell

count was 14 K/mm³ and ESR was >100 mm/hr. An MRI revealed discitis and osteomyelitis at L2–L3 with a spinal epidural abscess (SEA) (Fig. 1). Blood cultures and CT-guided lumbar disc aspirate grew methicillin-sensitive *Staphylococcus aureus*. The patient was successfully treated with six weeks of IV antibiotics.

Less than 1/1000 epidural punctures are complicated by SEA.¹ This risk increases to almost 5 % when an epidural catheter is left in place for more than two days.¹ Erythrocyte sedimentation rate (ESR) is a reasonable screening test with a 94 % sensitivity.¹ For SEA, MRI is the diagnostic test of choice with a sensitivity and specificity of >90 %.^{2,3} Prompt surgical intervention and antibiotic therapy are the usual treatments employed to prevent neurological dysfunction and progression to sepsis. Carefully selected cases can be safely managed by antibiotics alone.^{1,2}

Prior Presentations: None.

Conflict of Interest: All authors listed have contributed sufficiently to the project to be included as authors, and all those who are qualified to be authors are listed in the author byline. To the best of our knowledge, no conflict of interest, financial or other, exists.

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