

A SPINAL EPIDURAL ABSCESS WITH PSEUDOMEMBRANE

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Introduction: Despite advance in medical knowledge, imaging techniques and surgical interventions, spinal epidural abscess (SEA) remains a challenging problem that often eludes diagnosis and receives suboptimal treatment.

Discussion: 43 years old gentleman, with active intravenous drug use, presented with bilateral lower limbs weakness for 9 days, gradual onset, without significant recent trauma, worsening in severity. Continuous lower back pain for 3 days, associated with fever. Urinary and bladder retention for one day. On examination, midline bony tenderness at the mid thoracic region. Muscle power of bilateral L2 to S1 of 0. Reduced sensation of bilateral T4 to T10 and no sensation bilateral T11 and below. Reduced perianal sensation. Magnetic resonance imaging show present of collection that compress the spinal cord at the level C7 to T7 with end plate erosion T7/T8. Open partial laminectomy done from T4 to T7 and drainage of epidural abscess. Intra-operatively noted there was pseudomembrane encapsulated the abscess with frank pus at the posterior region of spinal canal.

Conclusion: Intra-operative finding can be divided into liquid pus, granulation tissue alone, or both granulation and pus. No significant differences in clinical presentation, organism involved, or outcome can be identified. Length of symptoms before diagnosis ranges from days to months, the clinical course does not always correspond to the intraoperative findings. In our case, the presence of pseudomembrane that encapsulated the abscess, may hinder the actual frank pus that located at the posterior region of spinal canal. Also, pseudomembrane can cause confusion with surrounding structure, indirectly can cause inadequate drainage of abscess. The basis for the destructive changes in the spinal cord in cases of epidural abscess is not entirely clear. Most probably, the rapidly growing infected inflammatory mass results in severe impairment of the intrinsic circulation of the cord, perhaps by a tendency to induce vascular thrombosis.