

## LIMBUS VERTEBRA MASQUERADING AS LUMBAR SPONDYLODISCITIS: A RARE PRESENTATION

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**Introduction:** Limbus vertebra (LV) is a lesion formed by uniform triangular bone fragment through marginal interosseous herniation of the nucleus pulposus or adjacent bone affecting the margin angle of vertebral bodies. It is usually seen in radiographs incidentally. Clinical signs also include back pain and sometimes motor deficit can also be seen. LV can be misdiagnosed as vertebral fracture, Schmorl node, infection or tumour.

**Discussion:** An 18 years old boy presented with low back pain and bilateral lower limb numbness for 1 year which worsened in the past 3 days after sustained a fall in sitting position one week ago. There was also history of fall 1 year ago. Physical examination showed tenderness over upper lumbar vertebrae. Neurology and straight leg raising test of bilateral lower limbs were normal. X ray lumbosacral revealed end plate destruction at T11 and L1 vertebrae with reduced joint space. Initial working diagnosis was to rule out lumbar spondylodiscitis. Surprisingly, inflammatory markers were not elevated and tuberculosis workup came back as negative. We proceeded with MRI whole spine which showed irregularities with abnormal signal change at the anterosuperior and anteroinferior corners of T11-L2 which is more conspicuous caudally. No abnormal enhancement post contrast. There is reduced T12/L1, L1/L2 and L2/L3 disc heights. No paradiscal or paraspinal collection. The MRI features are suggestive of T11-L2 limbus vertebrae. Patient was treated conservatively and discharged well.

**Conclusion:** It should not be forgotten that limbus vertebra can be present with inflammatory low back pain symptoms and may be confused with pyogenic, tuberculous spondyloarthropathy or malignancy. It is important to enquire patient on any history of trauma and to remember limbus vertebra possibility to avoid unnecessary diagnostic procedures and reaching the right diagnosis quickly.