

NON SURGICAL TREATMENT FOR CERVICAL SPONDYLODISCITIS WITH EPIDURAL ABSCESS: OUTCOME OF 2 CASES

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Introduction: Cervical spondylodiscitis with epidural abscess is a challenging problem that are often initially misdiagnosed, particularly in neurologically intact patients. Most of the patients have predisposing factors such as chronic illness. The choice of treatment in such cases have always been surgical drainage in combination with antibiotics. However here are two cases in our experience which showed positive outcome after only receiving antibiotic therapy.

Discussion: Case I A 37 year old with underlying end-stage renal failure, diabetes and hypertension, who presented to us with 3 weeks of neck pain and fever. His neurological examination was unremarkable. His infective markers were raised but blood cultures showed no growth. MRI showed evidence of C4/C5, C5/C6 spondylodiscitis with epidural abscess. He was covered empirically with IV Augmentin which was later converted to oral upon discharge. Surgery was offered but patient refused due to his intact neurology. Throughout the treatment he had a remarkable reduction in pain and his infective markers showed improvement. Case II A 73 year old with underlying diabetes, colon cancer and recent coronary artery bypass surgery, presented to us with a history of radiculopathic neck pain for a month and myelopathic signs. He had mild neurological deficit and was still able to walk with aid. His infective markers were raised and blood cultures grew gram-positive cocci. MRI showed evidence of C5/C6 and C6/C7 spondylodiscitis with epidural abscess. He was started on IV Augmentin and surgery was considered as high risk. Throughout his treatment he had no progression of neurological deficit with improvement in pain and infective markers

Conclusion: In a situation where patient is high risk for surgery or presents with no severe neurological dysfunction, antibiotic therapy alone is essential for successful treatment. Surgical decompression is still the standard choice of treatment if there is failure of antibiotic therapy or progressive neurological deficit.