

SPINAL EPIDURAL ABSCESS IN PATIENT WITH DIABETES MELLITUS TYPE 2

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Introduction: Spinal epidural abscess (SEA) is a severe pyogenic infection of the epidural space localized infection between the thecal sac and cervical spinal column which may result in neurological deficit and death if inadequately treated. SEA is usually located in the thoracic and lumbar parts of the vertebral column and injures the spine by direct compression or local ischemia. The diagnosis is difficult, because clinical symptoms are not specific and can mimic many benign conditions. The classic clinical presentation of SEA was described as a triad of pyrexia, neck or back pain, and neurological deficit.

Discussion: On neurological examination, absence of meningeal signs. Deep pain and sensory deficit below T5 with lack of reflexes in the bilateral lower limb and paresis of bilateral lower limbs was discovered. Stool and urine passing was normal. Laboratory tests on admission showed leucocytosis, elevated CRP, elevated sedimentation rate. Magnetic resonance scan of thoracic and lumbosacral spine showed space occupying soft tissue lesion with compressed spinal cord within posterior portion of spinal canal at T4 to T9 level. There is also minimal intramedullary spinal cord contusion haematoma. Posterior decompression of Spine at level T4-T9 was done and intraoperative findings noted epidural abscess located posterior to spinal cord at level T4-T9. Intraoperative culture and sensitivity were sent however no pathogen were isolated.

Conclusion: SEA is an uncommon but potentially devastating condition. SEA is uncommon disease with a very serious prognosis if the appropriate diagnosis and treatment are delayed and reliance on published risk factors to help reduce diagnostic delays in SEA is limited by their seemingly countless number and their absence in a significant proportion of patients. More practical and feasible approaches to earlier diagnosis of SEA are needed.