

SPONDYLODISCITIS IN CHILDREN, A 3-YEAR CHRONOLOGICAL EVENT: A CASE REPORT

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Introduction: Infectious spondylodiscitis (SD) is simultaneous infection of the vertebral disc and adjacent vertebral bodies. SD in children is rare. Spondylodiscitis diagnosis can be difficult and delayed because the difficulty in obtaining a clear history and clinical examination in a distressed child. We are reporting a case of SD that occur in a school-aged children that warranted patient to be admitted in the hospital, due to back pain, causing absenteeism in school.

Discussion: 10 years old girl, admitted in October, 2018, history of back pain for the past 1 week, associated with fever and URTI 3 weeks prior to onset of back pain. Patient has undergo appendectomy 4 months prior to back pain. Patient refused to ambulate and easily become irritable. Inflammatory markers are raised. TB test is negative. X ray shows reduced joint space at T11/T12. MRI shows spondylodiscitis of T11/T12 with small prevertebral and epidural collection. She adhere to bed rest in ward. Patient completed broad spectrum intravenous antibiotics for 10 weeks before was discharge home. Repeat MRI 2 months after discharge shows resolving SD with residual marrow oedema. Patient was re-admitted in August 2019 with same history of back pain and refusal to ambulate. MRI repeated shows no significant changes seen. CRP: 0.5, ESR: 8.0. Ultrasound KUB and UFEME came back as normal. Patient was discharge with analgesic after one week of admission. She was readmitted in July 2020 and February 2021 with complaint of the same back pain. She was treated with analgesic and physiotherapy.

Conclusion: Spondylodiscitis (SD) must be considered in all cases where a child suffers from back pain, or when an unexplained irritability is manifested. Further history that suggestive of prior infection must be elicited. Complication of SD, in the long term, it will cause chronic pain, spinal deformities and segmental instabilities.