

TB finds a friend, is this the new trend?

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INTRODUCTION:

Spine infections are conventionally classified according to the type of causative organisms as granulomatous, pyogenic and parasitic with disparate features between them. Concomitant infection with two groups of pathogens has been scarcely reported, but here we submit two cases of pyogenic spondylodiscitis coexisting with tuberculous infection.

CASE A:

A 69-year-old lady presented with two weeks history of worsening low back pain, progressive bilateral lower limb weakness and fever. MRI whole spine revealed discitis changes at L2/L3 without definite collection. She underwent posterior spinal instrumentation and fusion (PSIF) with transforaminal debridement. Intraoperative cultures tested positive for *Mycobacterium tuberculosis* via nuclei acid amplification (NAA) test and grew methicillin sensitive *Staphylococcus aureus* (MSSA). Tissue histopathological examination was consistent with pyogenic and granulomatous etiology. Antitubercular therapy was initiated along with intravenous vancomycin and after 6 weeks of dual therapy, she was pain-free and able to ambulate with assistance.



Figure 1: Case A

CASE B:

A 40-year-old lady presented with two months history of neck pain and acute onset bilateral upper and lower limb weakness for three days, associated with fever. MRI showed C2-C5 spondylodiscitis with extension to prevertebral and spinal canal causing cord compression. PSIF with laminectomy was done and cultures grew *Pseudomonas aeruginosa*. Intravenous cefepime was commenced but one month later she developed surgical site infection and underwent wound debridement, with a startling discovery of *Mycobacterium tuberculosis* detected via NAA test from the tissue sample. Antitubercular therapy was added and she improved significantly.

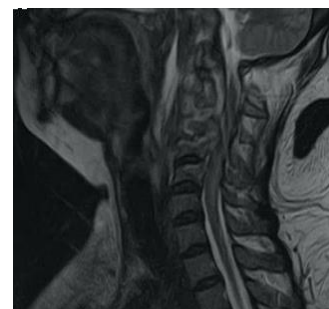


Figure 2: Case B

CONCLUSION:

TB and pyogenic spondylodiscitis are not mutually exclusive infections. Despite obtaining a positive culture for pyogenic infection, we cannot exclude the possibility of concomitant TB infection especially in TB endemic regions. A high index of suspicion must be held at all times, lest we miss the full diagnosis entirely and undertreat the patient.

REFERENCES:

1. Mousa HA-L. Concomitant spine infection with *Mycobacterium Tuberculosis* and pyogenic bacteria: Case report. Spine. 2003;28(8):E152-4.