

Long Segment Spinal Epidural Abscess With Intact Neurology: The Unusual Presentation

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INTRODUCTION:

Spinal epidural abscess(SEA) is a rare suppurative infection in epidural space of spinal canal that can lead to spinal cord injury through mechanical compression, secondary local ischaemia or spinal instability that can lead to paralysis or even death in severe case. It is a rare condition that shows a high prevalence in immunocompromised patients. It is often difficult to detect in early stages. Nonspecific presentations lead to risk of misdiagnosis. Previous studies showed that several risk factors such as diabetes mellitus , intravenous drug abuse and etc. Here we report a case of an extensive long segment SEA.

REPORT:

A 62-year-old lady, underlying Diabetes Melitus presented with progressively worsening severe resting low back pain for 1 week duration .She denies history of fever , incontinence or recent trauma. Clinically, she had significant tenderness at left lower back with intact neurological examination. Blood investigation revealed mark leucocytosis and positive Staphylococcus Aureus in blood culture. Upon further investigation , plain radiograph done were unremarkable. Urgent MRI Whole Spine done showed long segment lesion in posterior epidural space from T9-L3 level measuring 19.4cm(L)x1.0cm(AP) associated with mass effect causing spinal cord to displaced anteriorly. Multiple lesion seen in left erector spinae and multifidus muscle measuring 2.9cm (AP) x 3.4cm(W)x10.2cm(L).

She underwent emergency decompressive laminectomy and posterior spinal instrumentation. Intra-operatively copious purulent collection at epidural space T9-L3 with sloughy ligamentum flavum and extension to left paraspinal muscle.

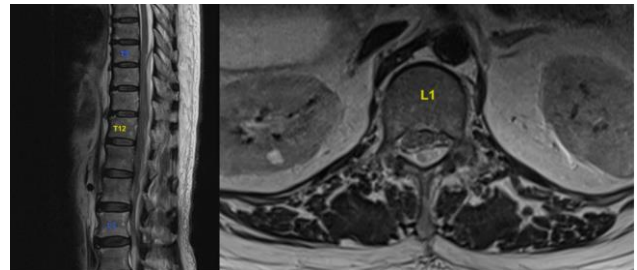


Figure 1: MRI ThoracoLumbar(T2)

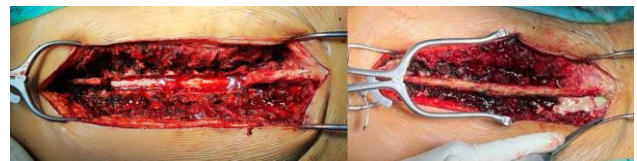


Figure 2: Extensive spinal epidural and left paraspinal collection

She received long term antibiotic of cloxacillin. Post operatively , pain was relieved and clinically without neurological deficit.

CONCLUSION:

Prognosis is highly dependent on timeliness of diagnosis before neurological deficit develops. High index of suspicion is main key in making a timely diagnosis. Further delay in treatment will lead to poorer prognosis.

REFERENCES:

- 1.Hindawi. Allison et al.Volume 2016 | Article ID 1614328.
- 2.Keith et al; Clinical Neurology and Neurosurgery;Volume 197,October 2020, 106185