

A Case Of Cervical Tuberculosis In RVD Patient With Retained Fractured Needles, To Cut Or Not?

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INTRODUCTION:

Spinal tuberculosis patients with concomitant HIV infection exhibit compromised immune status, accelerated disease advancement, increased susceptibility to multidrug-resistant tuberculosis (MDR-TB) and often warranting surgical intervention. We report an uncommon case that left us in dilemma regarding its treatment whether to operate or not.

REPORT:

A 44-years-old male ex-IVDU patient with underlying Retroviral Disease (RVD), Hepatitis C and history of PTB in 2012 presented with neck pain since 2 weeks radiating to left upper limb associated with numbness. Neck pain aggravated by movement and worst upon waking up from sleep. He denied any fever, loss of weight and appetite. Neck examination revealed tenderness at mid cervical spine with limited motion due to pain. Neurological examination showed reduce sensation and motor at C5 and C6 dermatome and myotome with normal reflex. Cervical xray showed disruption upper end plate C6 and lower end plate C5 with reduced joint space. Also noted multiple retained needle-like objects in neck and upper thoracic region hence MRI is contraindicated for the patient. CT cervical spine revealed C5 and C6 prevertebral soft tissue enhancing lesion associated with bony destruction and spinal canal stenosis suggesting of TB spine corresponding with raised septic parameter. Subsequently, antituberculous medications was started and Philadelphia collar applied.



Figure 1: cervical spine xray



Figure 2: CT cervical spine images

CONCLUSION:

Management of cervical TB typically involves the administration of anti-tuberculous therapy. Treatment should be started promptly on suspicion of TB as diagnostic mycobacterial culture growth can be delayed. Surgical intervention could be necessary to relieve severe neurological affection, in case of spine instability, or to provide debridement. But, in this case we decided not for operation to in view of high risk to the surgeon.

REFERENCES:

1. Li K, Liu B, Zhang Q. Recurrent Spinal Tuberculosis with HIV Infection After Surgery: A Rare Case of Recurrence and Drug Resistance. *Infect Drug Resist.*2023;16:7827-7833<https://doi.org/10.2147/IDR.S438184>