

Spontaneous Infectious Spondylodiscitis (SIS) or pseudo-Pott's disease

Koulaouzidis Anastasios¹, Emily Christie², Thea Mitchell², Bhat Shivaram³

Llandudno General Hospital¹, North Wales, Warrington General Hospital², Cheshire, Lagan Valley Hospital³, Lisburn, Northern Ireland, UK.

A 75-year-old man presented with severe back pain radiating down his legs. His past medical history included hypothyroidism, depression, osteoarthritis and recurrent back pains. He reported a three stone weight loss over a period of six months and he was convalescing from a recent colectomy for diverticulitis and pericolic abscess.

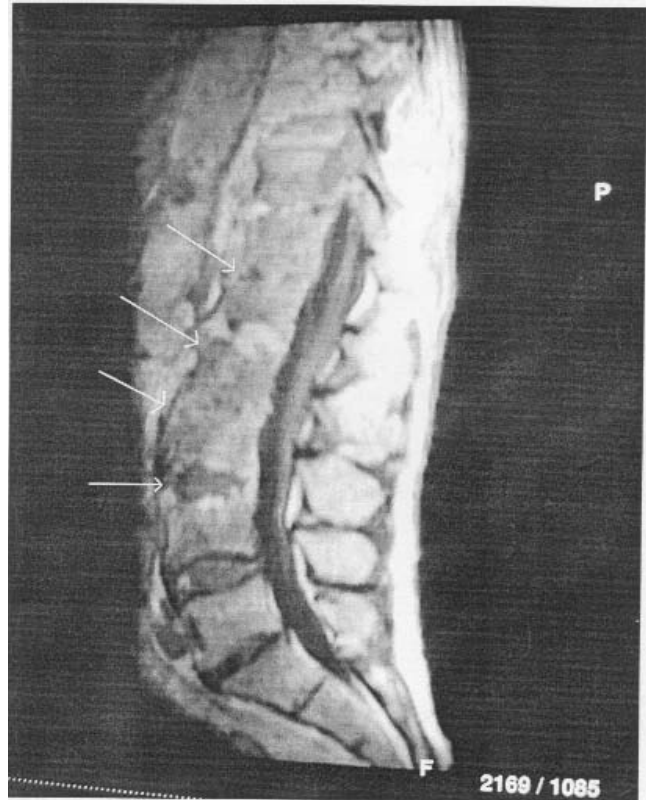
On examination he was cachectic and appeared to have muscle wastage of his quadriceps, tenderness over the lumbar spine but no focal neurologic deficit. His white cell count (WCC) was $12.8 \times 10^9/L$ (ref. range: 3.8-11.0), haemoglobin 9.3g/dL (ref. range: 11.5-16.5), C-reactive protein (CRP) 200 mg/L (ref. range: <16) and Erythrocyte Sedimentation Rate (ESR) 131mm/hr. A CT scan was requested. It revealed appearances of discitis at T12 to L3 level.

Despite initial improvement with gentamicin, cefuroxime and metronidazole and intense physiotherapy, his mobility declined again and the inflammatory indices rose.

A magnetic resonance scan showed extensive changes in the thoraco-lumbar spine region consistent with discitis and cord compression with paraspinal oedema (Figure 1). He underwent fluoroscopic guided biopsy of the lumbar spine at the L3/4 disc space, which grew fully sensitive *Pseudomonas aeruginosa*. His antibiotics changed to intravenous meropenem and oral ciprofloxacin with good response.

Spontaneous Infectious Spondylodiscitis (SIS) in adults is a rare occurrence, as discitis most frequently follows spinal surgery or epidural anaesthesia. Identifiable predisposing factors for SIS include infectious endocarditis, urinary tract infection, bacteraemia with or without focus, tuberculosis and some times bowel surgery. Contamination may be direct or via the blood stream or result from an extension of a neighbouring infective focus.

SIS is also known as non-tuberculous spondylodiscitis



or pseudo-Pott's disease. The most common pathogens are species of *Staphylococcus*, *Streptococcus*, *Pseudomonas aeruginosa*, *Escherichia coli* and *Candida*.¹

SIS in adults is associated with advanced age, diabetes mellitus, and systemic infection.²

References

1. Chew FS, Kline MJ. Diagnostic yield of CT-guided percutaneous aspiration procedures in suspected spontaneous infectious diskitis. *Radiology* 2001; 218:211-4.
2. Friedman JA, Maher CO, Quast LM, McClelland RL, Ebersold MJ. Spontaneous disc space infections in adults. *Surg Neurol*. 2002;57: 81-6.