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Letter to Editor

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Long segment spinal epidural abscess: An unusual presentation of spinal tuberculosis

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Abstract

Spinal tuberculosis has a significant disease burden in India and presents with a myriad of features on neuroimaging. Spinal epidural abscess (SEA) is relatively rare diagnosis. Long segment SEA is a possibility in patients with spinal tuberculosis and these patients will respond to conservative's management with ATT unlike pyogenic SEA which frequently may require early surgical intervention.

Key words: Spinal tuberculosis, spinal epidural abscess, long segment.

Dear Editor,

A 45 years old male presented to our OPD with complaints of axial pain in the region of lower dorsal and lumbosacral region of 06 months duration. Patient gave no history of trauma, fever, weight loss, weakness of limbs or any bowel and bladder symptoms. On clinical evaluation patient had paraspinal muscle spasm in the lower back region, no swelling or deformity of spine or any focal neurological deficits. Haematological and biochemical parameters were normal except for elevated ESR of 35 mm. Chest X-ray was normal. Patient underwent contrast enhanced MRI of whole spine which revealed long segment anterior epidural collection from lower border of CV6 to SV1which was hypointense on T1W sequences (figure 1a & 1b), hyperintense on T2W sequence (figure 1c – 1g) and showed peripheral enhancement in the post contrast images (figure 2a – 2c). There was evidence of posterior displacement of the cord on the images, however no cord signal changes were noticed. There were features of spondylodiscitis involving LV4- LV5 with prevertebral and paravertebral components too. Taking into account the patient's history, clinical examination, raised ESR and CE MRI a diagnosis of spinal tuberculosis of lumbar region with a long segment epidural collection was entertained. Patient was managed conservatively in view of no focal neurological deficits with anti-tubercular therapy, analgesics with regular monitoring of LFT and clinical status.

Spinal epidural abscess (SEA) is relatively rare diagnosis with 0.2 to 2 cases per 10,000 admissions [1] and the presentation can vary from non-specific symptoms of persistent backache to frank neurological deficits depending on the location [2,3]. Aetiologically SEA can be broadly divided in two groups, pyogenic and tubercular. As compared to patients with pyogenic SEA, tubercular SEA has a more indolent course. Presence of neurological deficits is more commonly associated with pyogenic SEA. On neuroimaging pyogenic SEA has a relatively longer segment involvement as compared to tubercular SEA which explains the propensity of patients with pyogenic SEA to develop neurological deficits early in the course of the disease.

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Spinal tuberculosis has a significant disease burden in India and presents with a myriad of features on neuroimaging. However most commonly the epidural component is short segment and is usually localised to the spinal segments with vertebral involvement. Review of literature did not reveal any case of tubercular SEA such a long segment involvement as was the case in our patient. In our patient spondylodiscitis was present at LV4 - LV5 level whereas the epidural abscess was present from CV6 to SV1 segments. In spite of such an extensive involvement our patient did not have any focal neurological deficits. Through this case we want to emphasize the fact that long segment SEA is a possibility in patients with spinal tuberculosis and these patients will respond to conservatives management with ATT unlike pyogenic SEA which frequently may require early surgical intervention [4].

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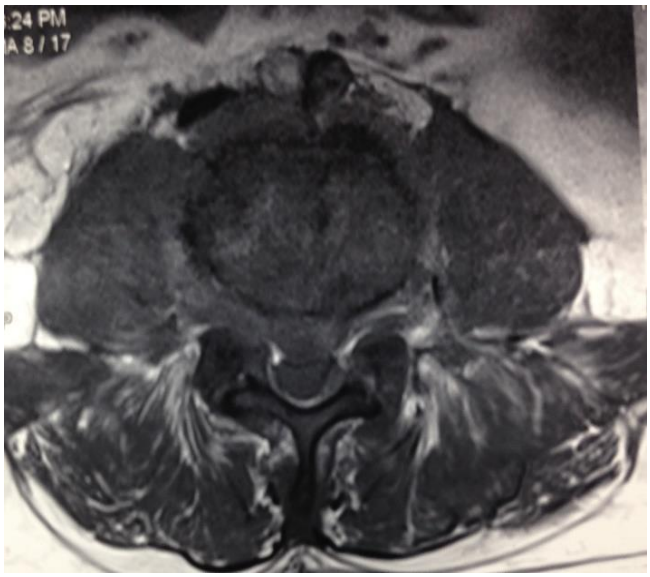

Figure 1a : T1W axial image showing anteriorly placed hypointense epidural collection pushing the spinal cord posteriorly

Figure 1b : T1W saggital image showing anteriorly placed hypointense epidural collection pushing the spinal cord posteriorly

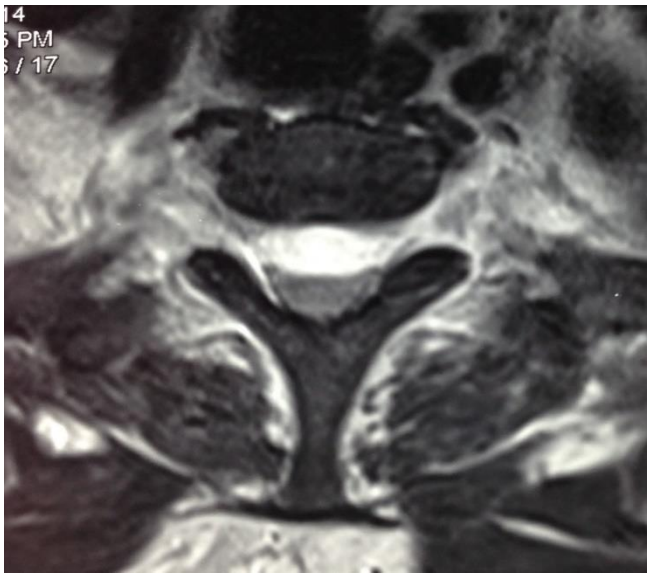

Figure 1c : T2W axial image showing anteriorly placed hyperintense epidural collection pushing the spinal cord posteriorly

Figure 1d : T2W axial image showing anteriorly placed hyperintense epidural collection pushing the spinal cord posteriorly

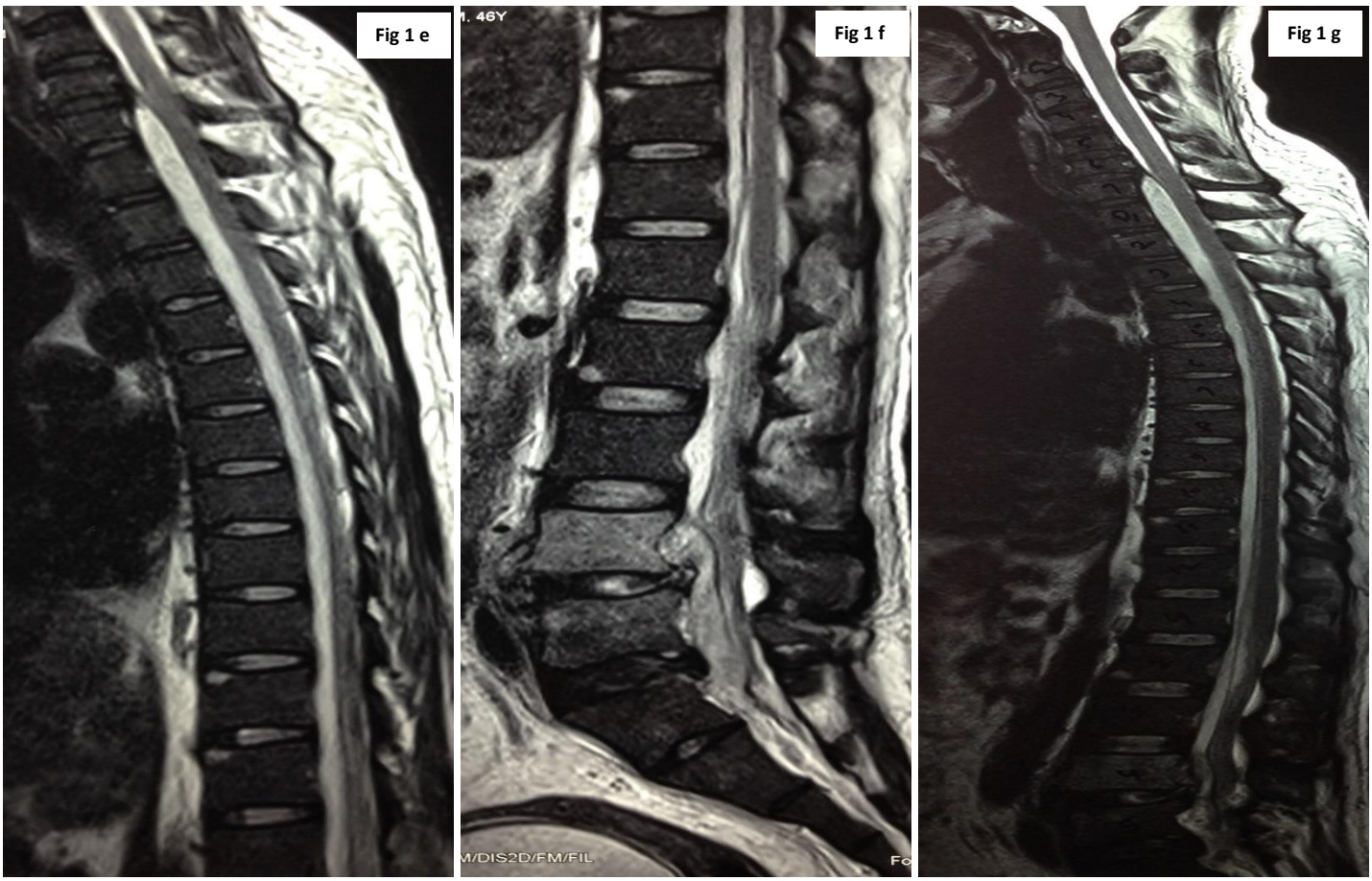

Figure 1e-g : T2W axial image showing anteriorly placed hyperintense epidural collection pushing the spinal cord posteriorly.

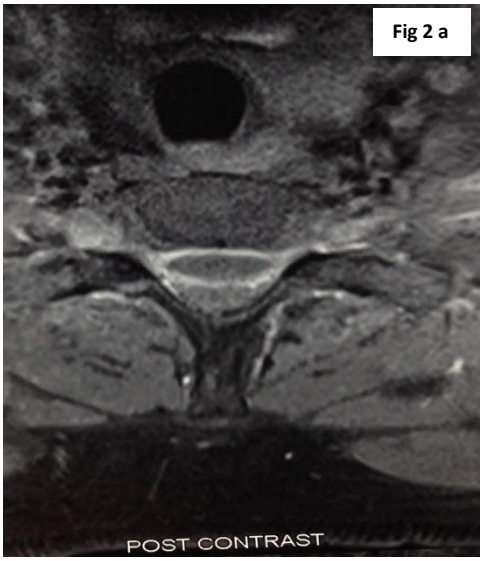

Figure 2 a : Post contrast axial image showing peripheral rim enhancement of the lesion suggestive of encapsulated collection.

Figure 2 b & c : Post contrast saggital image showing peripheral rim enhancement of the lesion suggestive of encapsulated collection. Also seen spondylodiscitis of LV – LV5.