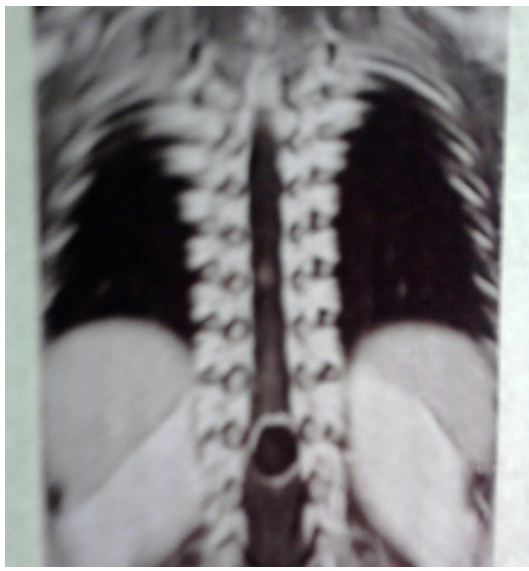
SPOT DIAGNOSIS (IMAGE GALLERY)



SPINAL LESION

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Spot diagnosis

Intramedullary spinal abscess. It is a rare entity with fewer than 100 cases reported {1}. The risk factors include intravenous drug abuse, HIV, diabetes {2}. Holocord abscesses have been rarely reported {3}. It is classified into primary when no other infection source found and secondary when it arises from another infection site. It may also be classified as: Acute if duration is less than 1 week, subacute if duration is 1- 6 weeks and chronic if duration is more than 6 weeks. Common organisms are Staphylococcus and Streptococcus species. Mycobacterium tuberculosis is seen in a few cases. In acute cases, symptoms of infection {e.g. fever, chills, back pain, malaise} are common. Neurological symptoms and signs include weakness, bladder and bowel incontinence, parasthesia, acute paraplegia. Chronic cases mimic intramedullary tumor. Workup includes cultures with sensitivities from abscess aspirate including tests for aerobic and anaerobic bacteria, fungi, and tuberculosis and parasites. Procedure of choice is gadolinium-enhanced MRI. It is valuable in demonstrating any associated disease process. Treatment includes steroids and broad-spectrum antibiotics. Minimum of 4 wks of intravenous antibiotics is to be used which may be prolonged {In TB-upto 1 yr} {4}. Surgery includes laminectomy and myelotomy. Prognosis is generally good. Abscess location determines residual neurologic deficits. Overall mortality varies from 10-20 percent. 70 percent have residual neurological sequelae .Significant percentage have recurrence {5}.

REFERENCES

1. Menezes AH, Graf CJ, Perret GE. Spinal cord abscess- a review. Surg Neurol 1977; 8: 461-467
2. Tewari MK, Devi BI, Thakur RC, Pathak A, Khandelwal N, Kak VK. Intramedullary spinal cord abscess: a case report. Childs Nerv Syst. 1992; 8: 290-291
3. Kalia V, Vibhuti, Aggarwal T. Holocord intramedullary abscess. Indian J Pediatr. 2007; 74: 589-591
4. Murphy KJ, Brunberg JA, Quint DJ, Kazanjian PH. Spinal cord infection: myelitis and abscess formation. AJNR Am J Neuroradiol. 1998; 19: 341-348
5. Benzil DL, Epstein MH, Knuckey NW. Intramedullary epidermoid associated with an intramedullary spinal abscess secondary to a dermal sinus. Neurosurgery. 1992; 30: 118-121

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