

A CASE OF MULTILEVEL SPINE TUBERCULOSIS

Mohd Fikri Razali¹, Mohd Shukry Mat Eil @ Ismail¹, Zakaria Yusoff¹, Lim Tze Chwen¹, Ahmad Sabri Omar¹

¹Hospital Raja Perempuan Zainab II

Introduction: Even though spine tuberculosis is the most common form of extra pulmonary tuberculosis, multilevel involvement with extensive para spinal collection is rare. Up to recent, about less than 10 cases were reported. Last case reported in 2018.

Discussion: This is a case of 21 years old gentleman came with progressive back pain and lower limb weakness for about 2 months duration following heavy object lifting. His condition also associated with numbness from mid chest downwards, occasional shooting pain to bilateral lower limbs and loss of urinary and bowel control. He had constitutional symptoms. He had history of pulmonary tuberculosis (PTB) exposure from his late father 10 years ago and he had family history of malignancy which her sister was diagnosed breast tumour. Clinically he had T3 ASIA D para paresis. Imaging showed extensive pre and para spinal collection from C1-T1 and T12-L1, destruction and collapse of T4 and T5 vertebra bodies together with multiple lesion in vertebra bodies from T6-S1. Biochemical markers showed raised C-Reactive Protein (CRP) and Erythrocyte Sedimentation Rate (ESR) but negative for all infection screenings. Fine needle aspiration cytology from lymph node revealed granulomatous appearance. He was eventually treated with anti tuberculosis medication, and he is planned for decompression and posterior instrumentation later. The process of managing this patient was challenging as the history and findings also favours towards mixed tumour origin as the imaging finding resembles neoplastic changes. However with the aid of cytology result, we started him with anti tuberculosis drugs.

Conclusion: Good teamwork and support from multi disciplinary team is essential so that the best treatment is delivered to a patient especially with the baffling case.