

A RARE NON-CONTIGUOUS MULTIFOCAL SPINAL TUBERCULOSIS : A CASE REPORT

Muhammad Ariff Mohd Yunus¹, Dzulkarnain Amir¹, Fazir Mohamad¹

¹Hospital Kuala Lumpur

Introduction: We would like to report a rare case of non-contiguous multifocal spinal tuberculosis involving cervical, thoracic and lumbar regions.

Discussion: 52 year-old Chinese lady was referred to orthopaedic clinic in for 6 months history of progressive low back pain. Initially treated as degenerative spine disease, she subsequently developed impaired motor power (0/5) and sensation (1/2) of bilateral lower limb, as well as bowel and bladder dysfunction. She was admitted to ward for further investigation. Mantoux test was positive (15mm). MRI scans of the whole spine showed multilevel spinal subligamentous collection causing spinal cord compression, highly suspicious of spinal tuberculosis, as pictured in figure 1. There is also left psoas collection, for which, CT guided drainage was performed. As expected, Mycobacterium tuberculosis DNA was detected in TB PCR study. She was started on anti-tuberculosis empirically nonetheless. She was later scheduled for a major surgery that involves posterior spinal instrumentation and fusion of C2 - L4, with decompression of C7 and T1, T6 and T7, T12 and L1. Intra-operative picture is shown in figure 2, with postoperative radiographs in figure 3. Six months after surgery, she regained her bowel and bladder functions, with no radicular pain. Motor power of bilateral lower limb improved, as she is now able to walk confidently with walking frame.

Conclusion: Multifocal non-contiguous spinal tuberculosis is under-reported¹. The nature of its course is insidious, causing neurological deficits. Patients with neurological deficit should undergo surgical decompression and debridement, with at least 12 months of antituberculous therapy.