

EXTENSIVE SPINAL EPIDURAL ABSCESS IN ADOLESCENT : A RARE CASE REPORT

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Introduction: Spinal epidural abscess (SEA) in children is rare. Jeffery et al 2001 reported only 8 cases during a 15 years study period. It is not uncommon in immunocompetent patient, only one third of SEA had underlying disease. The most common pathogen was Staphylococcus aureus. SEA should be considered in patient presented with triad of back pain, fever, and neurological deficit. It is a real spine emergency. Early diagnosis is imperative to prevent permanent neurological impairment. However, it is difficult to reach a diagnosis in paediatric patient who is not verbally communicating or ambulating. Emergent MRI is essential for early diagnosis. SEA in children are more posterior in epidural location, had greater spinal column extension, and more favourable outcomes.

Discussion: 11-year-old girl without any medical illness, presented with back pain, fever and limbs weakness for 4 days duration. Examination reviewed ASIA C tetraparesis with C5 neurology level. Biochemical profile reviewed high ESR 95 mm / hour, CRP>300mg/L, WCC 23x10⁹/L. The MRI reported as extensive SEA from C3 until L1, involved 18 vertebral levels with T2-3 vertebral osteomyelitis and paraspinal abscess with mild parapneumonic effusion of right lung. She underwent emergency posterior decompression. Staphylococcus aureus was isolated from blood, pus, tissue and bone. She was given 6 weeks intravenous and 6 weeks oral antibiotics. Significant neurology improvement noted at day 3 post operation. she recovered fully after 6 weeks. Extensive medical investigation failed to identify any underlying causes of immunocompromise.

Conclusion: Extensive SEA was rare in paediatric age group. Prompt diagnosis, emergency surgery and systemic antibiotic remain the key stones of SEA management to prevent adverse outcomes.