

# COVID-19: A MORTALITY REVIEW OF LUMBAR FUNGAL SPONDYLODISCITIS

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## INTRODUCTION:

Spinal infections are relatively rare and consist of approximately 1% musculoskeletal infections [1]. The fungal etiology is uncommon, affecting mostly the immunocompromised [2,3]. We report an unusual COVID related mortality with lumbar spondylodiscitis caused by *Cladosporium* sp. and *Scopulariopsis* sp.

## REPORT:

A 65 years old gentleman with underlying hypertension, diabetes mellitus and ischemic heart disease presented with lower back pain for the past one month, associated with bilateral lower limbs radiculopathy. He is also treated as Covid pneumonia Category 3. On examination, he was haemodynamically stable with the power of 3 in bilateral lower limbs, other systemic examinations are unremarkable. His inflammatory markers were raised, recording a total white cell count of 25000 and C-reactive protein of 17mg/L. No evidence of hepatotropic or human immunodeficiency virus were found. MRI lumbosacral showed reduced L4/L5 vertebral body height with intradiscal collection, presence of non-enhancing left paravertebral soft tissue lesion and spinal canal stenosis of L4/L5 with radiculopathy to the left exiting L5 nerve. He was treated empirically with IV Tazocin 4.5g QID. Fungal C&S of CT guided L5 vertebrae biopsy grew *Cladosporium* sp. and *Scopulariopsis* sp. The patient ultimately expired due to advanced lung malignancy.

**Figure 1: MRI Axial view of L5 vertebrae**

**Figure 2: MRI Saggital view of L4/L5**

**Figure 2: MRI Coronal view of L4/L5**

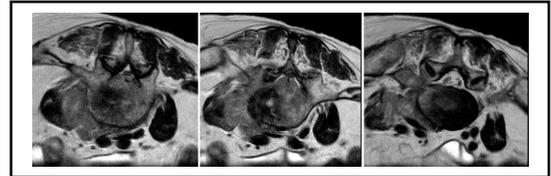


Figure 1

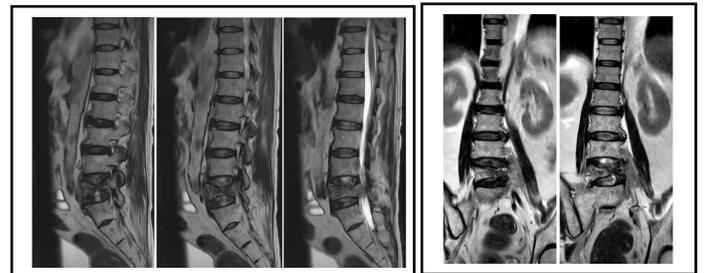


Figure 2

Figure 3

## CONCLUSION:

COVID-19 is a respiratory tract infections involving multi-organ system and possibly impaired host's immune system [3]. Spinal infections of fungal cause are scarce, especially in the immunocompetent. In this case, the compromised immune function associated with COVID-19 infection played a vital role in the rapid progression of fungal spondylodiscitis.

## REFERENCES:

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3. G. Talamonti, Spinal epidural abscess in COVID-19 patients, Journal of Neurology (2021) 268:2320-2326