

# Insidious Culprit Beneath the Soils that may Lead to your Paralysis

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## INTRODUCTION

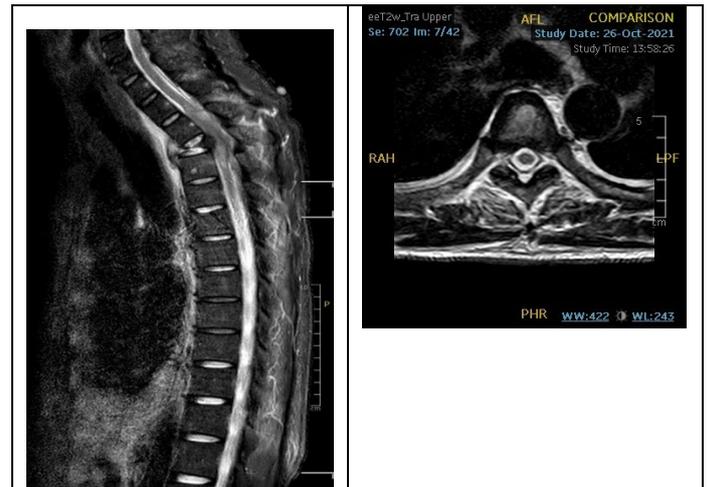
Spine melioidosis has limited case reports available in the literature. Delayed diagnosis and treatment result in morbidity in patient. Bugs in pyogenic spondylodiscitis ranges from gram positive, negative and anaerobes.

## REPORT

45 years old Chinese gentleman fell from 25 inches bed sustained fracture at T3. Prior that he had gradual onset of bilateral lower limb weakness which made him having multiple episodes of fall for 1 year. The septic parameters are nil at his presentation. CT spine reported as T3 vertebrae compression fracture with retropulsion, T4 and left 4th rib lytic bone lesions, soft tissue swelling with calcifications seen at T3-T4 prevertebra and left pleural/extrapleural region. MRI spine shows heterogenous marrow signal with multiple lytic sclerotic bony lesion. There was lesion at T3 vertebrae which shows pathological compression fracture associated with paravertebral soft tissue mass, acute spinal extradural haematoma, spinal stenosis and cord myelopathy/ injury.

The unstable fracture at T3 of spine proceeded with decompression (T2,T3 total laminectomy, T4 partial laminectomy) and Posterior Spinal Instrumentation & Fusion T1 to T5. Intraoperatively reveals multiple abscess and paraspinous collection along spine. Dura was intact, spinal cord was pulsatile. An on table biopsy on T3 was done. Sample sent for pathology analytics. Stabilizing fracture in the operation further opening windows for a new work up. Culture sample reveals Burkholderia

Pseudomallei. Infectious disease started him on long treatment of 6 weeks Cefazolin and 6 months Bactrim. Repeated blood culture after 1 and 2 month course of antibiotic resulted as no growth.



## CONCLUSION

Simple blood, septic investigation is salient. Clear cut trauma case could end up as complex case which involve multidisciplinary approach for treatment.

## REFERENCES

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