

10-years review after surgical management of Spondylitis TB

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INTRODUCTION

Delays in establishing diagnosis of spondylitis tuberculosis (TB) may result in complications such as spinal cord compression. Progressive neurological deficit must be addressed with debridement, decompression of the spinal cord, and adequate spinal stabilization.³ Here we present a follow-up case patient who have undergone anterior corpectomy, decompression and fusion 10-years ago.

Keywords: spondylitis TB, anterior corpectomy, neurological deficit

REPORT

A 57-year-old lady presented with worsening lower limb weakness 1/5 bilaterally and reduced sensation from T12 level and below rapidly within two weeks' time. Multilevel prevertebral and paravertebral abscess at T2 and T9-T11 with intraspinal extension and spinal cord compression. anterior corpectomy, decompression, fusion was done emergently. Tuberculosis diagnosis was confirmed with histopathological examination.

Intensive rehabilitation, TB chemotherapy was commenced, neurological function was gradually return, and patient was able to walk without aid after 4-months post-operatively.

On 10-years follow-up, she has no neurological sequelae. She is able do her normal activity independently

DISCUSSION

Neurologic recovery is consistently seen in surgical management of spondylitis TB. More recent studies examining patients with neurologic deficits treated surgically found that 92% had marked improvement.¹

Alam et al.³ conducted a prospective series study which demonstrates that surgical treatment of spinal TB is effective and safe, with good clinical and radiological outcomes

CONCLUSION

Prevention of neurological sequelae of spondylitis TB can be achieved by early recognition and proper surgical management.

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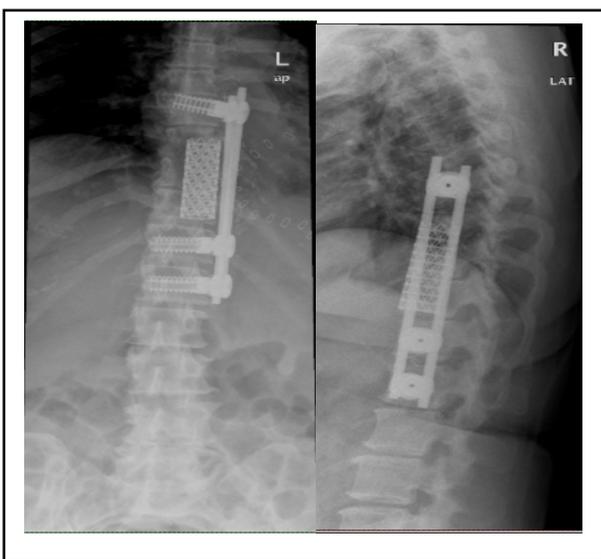


Figure 1: anterior corpectomy, decompression, and fusion