

A 5-year follow up for pediatric spondylodiscitis in Children : A Case Report

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INTRODUCTION:

Pediatric spondylodiscitis (PSD) is a rare entity that involves both infectious discitis and vertebral osteomyelitis, with or without an associated soft-tissue abscess. PSD in children is rare. Owing to its rarity and non-specific presentation with pain, the diagnosis is often missed, with consequent delay of treatment and development of sequelae. We are reporting a case of PSD that occur in a school-aged children and the outcome after 5 years post infection.

REPORT:

She first presented at the age of 10 years old with history of back pain for 1 week, and with a history of URTI 3 weeks prior to the onset of the back pain. Blood investigation & MRI shows spondylodiscitis of T11/T12 with small prevertebral and epidural collection. She completed broad spectrum intravenous antibiotics for 10 weeks before she was discharge home. During the first 3 years during follow-up, she always complain of on and off back pain with no neurological deficit. She is dependent on her pain medication. She was on & off prescribed antibiotic for other conditions such as urinary tract infection and encephalitis . At the age of 13 (5 years post PSD), she has no more pain at the back, antibiotic free for the past 2 years, and without any neurological deficit. Her current X-ray shows ankylosed bone T11/T12 with scoliosis (Cobb's angle 20 degree, measured from T10 to L3). Latest MRI repeated on January 2023 shows vertebral body fusion with mild thoracolumbar scoliosis. There is no signs of infection.

Figure 1: Coronal view MRI January 2023



Figure 2: Sagittal view MRI January 2023



CONCLUSION:

Despite sometimes delayed management of PSD, the outcome is still favourable in children who are treated aggressively with a broad spectrum or targeted antibiotic therapy with multidisciplinary involvement (from the spine surgeons and pediatric infectious disease specialist) Among the complication of PSD, in the long term, it will cause chronic pain, spinal deformities and segmental instabilities. Surgical management is mandatory in case of vertebral instability and neurological signs but can be avoided when the infection is promptly treated with antibiotic therapy.

REFERENCES:

1. R Marco, Spondylodiscitis in children: A Retrospective Study and Comparison With Non-vertebral Osteomyelitis, *Frontier Pediatric*, 2021; 9: 727031.