

TB Spondylodiscitis With Bilateral Psoas Abscess In Young Female Medical Officer: A Case Report

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INTRODUCTION:

Transmission of tuberculosis (TB) to health care workers (HCWs) is a global issue. Most HCWs acquire TB but not present with active disease and instead being in a state referred to as Latent Tuberculosis Infection (LTBI). We report a case of young female medical officer with full blown TB Spondylodiscitis associated with huge bilateral psoas abscess.

CASE REPORT:

A 27 years old female medical officer in medical department complains of prolonged intermittent fever for 3 months with worsening of back pain that radiates to her right groin. Her symptom worsens with hip extension and better with hip flexion.

She has night sweats and unintentional weight loss. She noticed a palpable mass at her right iliac fossa region. She has no respiratory symptoms nor neurological deficit.

Mantoux test revealed to be positive. Chest x-ray is clear. Ultrasound abdomen shows there are bilateral psoas collection.

CT abdomen done shows Spondylodiscitis of L4/L5 with erosion of L4 inferior end-plate and L5 superior end-plate with sclerotic changes. L4/L5 disc space is reduced. Left psoas collection size is 7.2cm x7.4cm x17cm. Right psoas collection measuring 3.8cm x 5.4cm x 17cm. MRI lumbosacral spine reveals similar collection with no epidural involvement.

Blood culture, CT guided biopsy and drainage of psoas abscess was tested positive for TB.

She was immediately started on anti-TB medications. She shown good response clinically, in blood parameters; as well as her repeat CT imaging shows shrinking of collection.



Figure 1: CT abdomen coronal view shows huge collection at bilateral psoas.

DISCUSSIONS:

HCWs are essential in the fight against TB, and their health needs to be protected as well.

Joshi R et al (2006) present strong evidence that nosocomial TB is an important occupational problem among HCWs in Low to Middle Income Countries, and reduction of that risk should be priority. Simple interventions, like early diagnosis of TB, segregation of infectious TB patients, or education and training of HCWs, might be effective. Additional measures include engineering controls such as exhaust ventilation, improved natural ventilation, or sunlight.

REFERENCES:

1. Joshi R, Reingold AL, Menzies D, Pai M (2006) Tuberculosis among Health-Care Workers in Low- and Middle-Income Countries: A Systematic Review. PLOS Medicine 3(12): e494.