

Functional Outcome Of Neglected TB Spine With Severe Kyphosis And Bilateral Psoas Abscess: A Case Report

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INTRODUCTION:

Bone and joint tuberculosis (TB) accounts for 13% of TB cases; 50% of these are in the spine.

CASE REPORT:

We present a case of 27 years old Kelantanese female teacher based in Sarawak who presented to us in 2017 with history of low back pain and swelling since 2012, associated with occasional low grade fever. Otherwise, she did not have chronic cough nor any neurological deficit. Clinically afebrile, walking with stooping gait, with normal neurology. Examination of the back revealed gibbus deformity at thoracolumbar, two vague mass at bilateral iliac fossa by per abdomen examination. Laboratory result showed TWC 10, Hb 10, Platelets 438, ESR 39, and CRP 34.6. X-ray showed bony destruction of T12, L1, and L2 with toppling of T12/L1 and kyphosis. MRI showed total destruction of L1, inferior end plate of T12 and L2 with kyphosis, surrounded with bilateral psoas abscess. Chemotherapy was initiated followed by a two stage operations; decompression and drainage of psoas abscess, pedicle subtraction osteotomy and posterior instrumentation of level T10-L3. A month later, she underwent anterior decompression and bone grafting of T12. Three months later, she developed recurrence of left psoas abscess which need to be drained using ultrasound guided drainage. She is currently eight months post operatively. She did not have any post operative complications. Oswestry score improved from 50% preoperatively to 15% postoperatively.



Figure 1: Preoperative x-rays and MRI

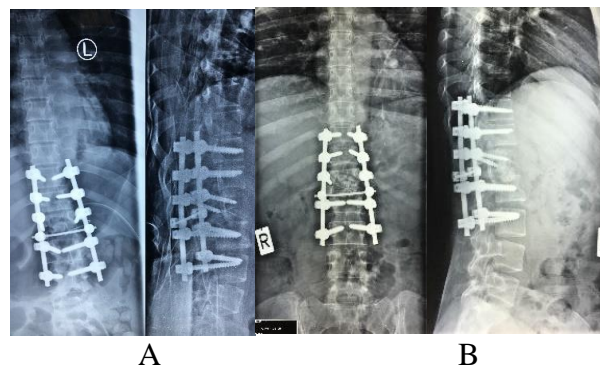


Figure 2: Postoperative xrays; A (1st stage surgery), B (2nd stage surgery)

DISCUSSIONS:

Chemotherapy is the first line of treatment for TB spine. However, patients who developed severe kyphosis, bone destruction or neurological impairment require surgical treatment. Luckily for our patient, despite having severe kyphosis for such a long time, she did not have any neurological deficit. Surgery for established deformity is difficult, may have to be staged, and also is hazardous with a significant complication rate. Ultimately, there was an improvement of her sagittal balance and maintaining lung function post operatively.

CONCLUSION:

Neglected case of TB spine with established deformity is difficult to manage but its surgical interventions has a good functional outcome.

REFERENCES:

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2. Stage I posterior osteotomy and instrumentation and stage II anterior debridement and bone grafting for lumbar spinal tuberculosis with severe kyphosis, Qiang et al 2015