Acta Otorrinolaringol Esp. 2010;**61(2):**168–169

Acta Otorrinolaringológica Española

www.elsevier.es/otorrino

IMAGES IN OTORHINOLARYNGOLOGY

Cervical tuberculous spondylodiscitis

Espondilodiscitis cervical tuberculosa

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Received March 2, 2009; accepted March 17, 2009

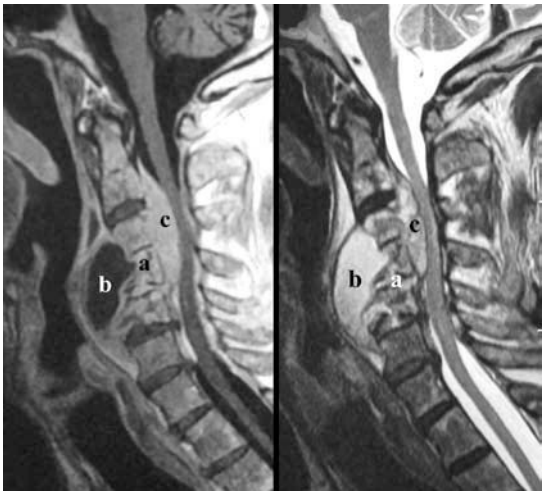

Figure 1 T1 (left) and T2 (right) sagittal cervical MRI with intravenous contrast. Destruction of the C3-C5 vertebral bodies (a), substituted by an abscess that extends along the prevertebral space (b) and epidural space (c), producing medullar compression by obliteration of the spinal canal.

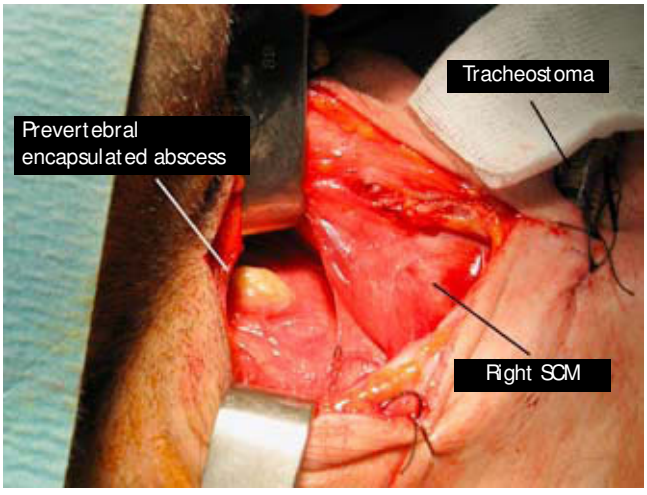

Figure 2 Right lateral cervicotomy. View and drainage of the prevertebral abscess.

Male, 66 years old, with cervical myelopathy, suspicion of spastic paraparesis and history of tuberculous contact with positive Mantoux test 7 years earlier. He consulted for progressive cervical pain, difficulty walking and weakness in the right upper extremity. A CT scan and cervical magnetic resonance were performed, establishing the destruction of the vertebral bodies from C3 to C5 with prevertebral and anterior epidural abscesses, with medullar compression (Figure 1).

The prevertebral encapsulated abscess was identified through right lateral cervicotomy. It was drained

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and samples for culture were obtained (Figure 2); a prophylactic, regulated tracheotomy was also performed in the same operation. Pending the results of the microbiology study, empirical treatment was started with anti-tuberculosis agents (isoniazid+pyrazinamide+etha mbutol+rifampicin) and broad-spectrum antibacterials (levofloxacin+meropenem).

The bacterial cultures resulted sterile, so the antibacterials were discontinued. After 6 weeks, a positive result was obtained in the culture for *Mycobacterium tuberculosis complex*, sensitive to the anti-tuberculosis agents that had been applied previously. Given the favourable evolution, neurosurgical epidural treatment was rejected. Currently, the patient does not present greater disability than his baseline condition.

The case that is the subject of this article is tuberculous cervical spondylodiscitis with prevertebral and epidural abscess, with concomitant spinal cord compression. Also known as Pott's disease, this is a condition of the spinal column (rarely cervical) probably due to tuberculous reactivation via the blood stream. Despite the controversy about its treatment, international guidelines recommend early, prolonged treatment with anti-tuberculosis agents, given the excellent response; surgical intervention is recommended as well if there are compressive or deforming episodes.