

中文題目：感染性脊椎間盤炎病例報告

英文題目：Infectious Spondylodiscitis in hemodialysis one case report

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Abstract:

Bacterial spondylodiscitis is one of most serious complication that can occur in hemodialysis patients. Latent form occurrence was most frequent. Many complications were encountered both in conservative treated and operated cases. Indication of operation should be considered carefully because of poor general status and bone quality of hemodialysis patients. MRI was necessary to differentiate destructive spondyloarthropathy from the bacterial spondylodiscitis. We report a 68 year-old male with *Pseudomonas aeruginosa* suffering from lower back pain as initial symptom. L4-5 spondylodiscitis was revealed on the lumbar magnetic resonance imaging.

Case report: A 68 year-old male present with excruciating lower back pain for one week. Long term history of hypertension under medication was in the past. He received the regular hemodialysis due to end stage of renal diseases for 6 months. One month ago, he developed lower back pain. Back pain aggravated in recent one week, which associated with lower extremities weakness. L spine MRI showed extruded disc at L4-5, with narrowed dural sac and neuroforamen (Fig 1&2). Owing to poor vascular access, he received the femoral double lumen catheter insertion. Repeat catheter related infection was noted before this back pain episode. *Pseudomonas aeruginosa* was the pathogen. On admission, he was afebrile, blood pressure: 136/65 mmHg, white blood cell count of  $10.37 \times 10^3/\mu\text{l}$  (84.7% neutrophil), CRP: 13.8 mg/dl, ESR: 120 mm. Laminectomy and posterior fusion of L4-5 had undergone for the pain relief. The pathology diagnosis was acute discitis. Wound culture showed *Pseudomonas aeruginosa*. He died of cardiac arrest in 3 days after the operation.

Discussion: Infectious spondylodiscitis is an infection seen in patients taking chronic hemodialysis. Initial symptoms can be relative insidious and nonspecific. It is often accompanied by bacteremia. It is associated with the use of central venous catheter or femoral venous catheter for dialysis access. The presence of bacterial spondylodiscitis must be considered when treating back pain of hemodialysis patients even when they are afebrile. Careful observation of general status in addition to local condition is essential. Early empiric antibiotic therapy may improve the outcome of this potentially catastrophic infection.

Key words: infectious spondylodiscitis hemodialysis



Fig1:extrude disc at L4-5



Fig 2:epidural lesion at L4/L5 as well as soft tissue lesion of posterior spine element