中文題目：以雙側腰痛及上腹痛來表現的脊椎結核
英文題目：Spinal tuberculosis presented as bilateral flank pain and epigastralgia
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A 28-year old, previously healthy man presented with bilateral flank pain and epigastralgia for 10 days. The pain was located on the level just above the umbilicus and was not related to respiration, active movements or food intake. Chest radiography revealed infiltrates over bilateral upper lobes. Pulmonary tuberculosis (TB) was highly suspected. However, three sets of sputum acid fast stain were negative. Chest computed tomography (CT) unexpectedly showed osteolytic lesions on the ninth vertebral body. Magnetic resonance imaging (MRI) of the spine demonstrated increased signal within the same vertebrae with focal inferior endplate erosion and abscess formation over the right inferior corner of the vertebral body, indicating spondylodiscitis . Nerve root compression was highly suspected. Surgical procedures including laminectomy, discectomy and bone grafting were performed. The pain resolved gradually after the operation. Histopathologic examination revealed acid fast bacilli in the specimen, so antituberculous drugs were administered. Later, the culture of sputum and spinal tissue yielded Mycobacterium tuberculosis.

Spinal TB can develop in isolation or in combination with pulmonary TB. Back pain is the most common symptom of spinal TB but may be absent in the early stage when the destruction of vertebral body is subtle, just like this patient. Radicular pain could be the only presentation and tends to be mistaken as myofascial pain, peptic ulcer disease, biliary colic or pancreatitis if the disease is confined to the lower thoracic spine. Thus, we should raise the suspicion of TB spine if a patient co-exists with upper lung lesions and back pain or radicular pain.