

# Epidural Abscess

## A Review

Mark Newcomb

June 1, 2017

# Outline

- 1 Introduction
- 2 Clinical
- 3 Emergency Management
- 4 Wrap Up

# Outline

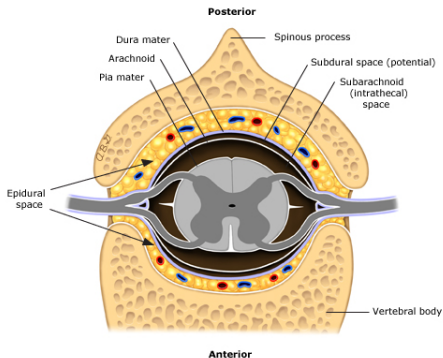
## 1 Introduction

## 2 Clinical

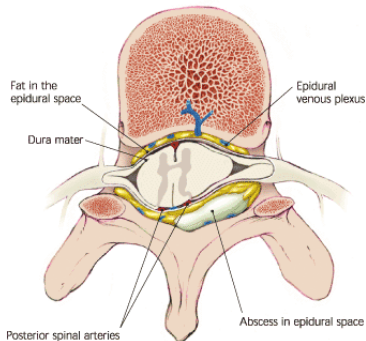
## 3 Emergency Management

## 4 Wrap Up

# The Basics



**Figure:** Vertebral Anatomy



**Figure:** Epidural Abscess

# Epidemiology

## Incidence

- Overall incidence is approx 0.88 per 100,000 person-years
- After short-term epidural catheterization - 1:100,000 procedures

## Risk Factors

- Infection
- Diabetes
- Recent trauma
- IVDU
- Alcohol abuse

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# Clinical Presentation

## "Classic" Triad

- Fever - 66%
- Back Pain - 71%
- Neurological Changes - 20-30%

# Clinical Progression

## Stepwise Course

- 1 Back pain +/- fever +/- local tenderness
- 2 Spinal irritation signs
- 3 Neurological deficits
- 4 Paralysis



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# How to Recognize

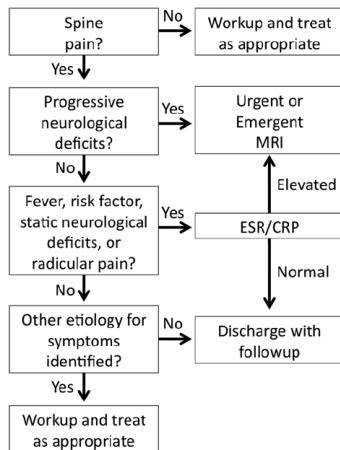


FIG. 1. Decision guideline for the ED diagnosis of spinal epidural abscess.

# Initial Management



## After positive MR with gadolinium...

- CBC with diff
- Consult neurosurgery
- Blood cultures x 2
- Empiric antibiotics - usually vanc + ceftriaxone or vanc + cefepime

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## Bibliography

-  E. Reihsaus, H. Waldbaur, W. Seeling. Spinal epidural abscess: a meta-analysis of 915 patients. Neurosurgical Review, vol 232, pp 175-204. Sept 2000.
-  D.P. Davis, A. Salazar, T.C. Chan, G.M. Vilke. Prospective evaluation of a clinical decision guideline to diagnose spinal epidural abscess in patients who present to the emergency department with spine pain. Journal of Neurosurgery: Spine, vol 14, pp 765-770. June 2011.



# Questions ?

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