



IMAGES OF SPINE CARE

Pott disease

A 21-year-old Senegalese man came to our attention complaining for 6 months of lumbar pain extending to the left inguinal region and the anterior surface of the thigh. Radiographs showed a thoracolumbar scoliosis, T12–L2, with the apex at L1 and reduction of height of the T12–L1 and L1–L2 discs (Fig. 1). Blood tests revealed white blood cell and C-reactive protein elevation. A magnetic resonance imaging confirmed the diagnosis of spondylodiscitis and showed the presence of pathologic tissue invading the spinal canal from the vertebral body of T12–L1 (Fig. 2). Computed tomography scans show a huge paraspinal abscess involving the left psoas muscle, typical of Pott disease (Fig. 3). Microbiological tests confirmed the diagnosis. Antituberculosis chemotherapy was initiated. An anterior debridement, bone grafting, and fusion with titanium Harms cage followed by a posterior transpedicular stabilization was performed (Fig. 4).

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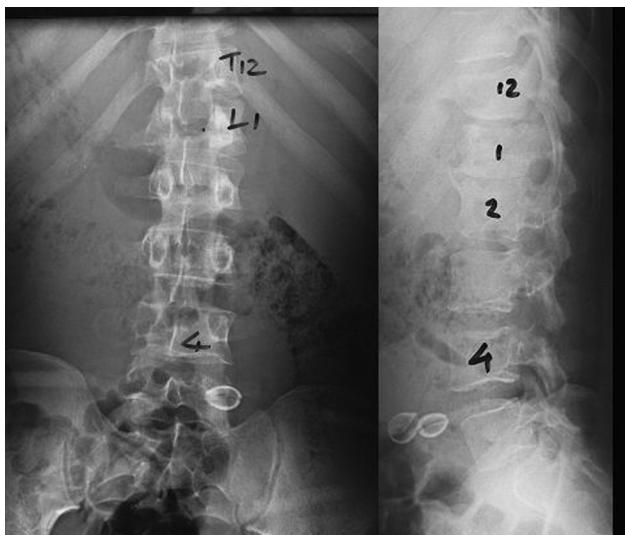


Fig. 1. X ray films show a thoracolumbar scoliosis, T12–L2, with apex in L1 and reduction of height in T12–L1 and L1–L2 discs.



Fig. 2. Magnetic resonance imaging shows the presence of pathologic tissue going into the spinal canal from the vertebral body of T12–L1.

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Fig. 3. Computed tomography scans at L4 level reveal a huge paraspinal abscess involving the left psoas muscle as a typical sign of Pott disease.

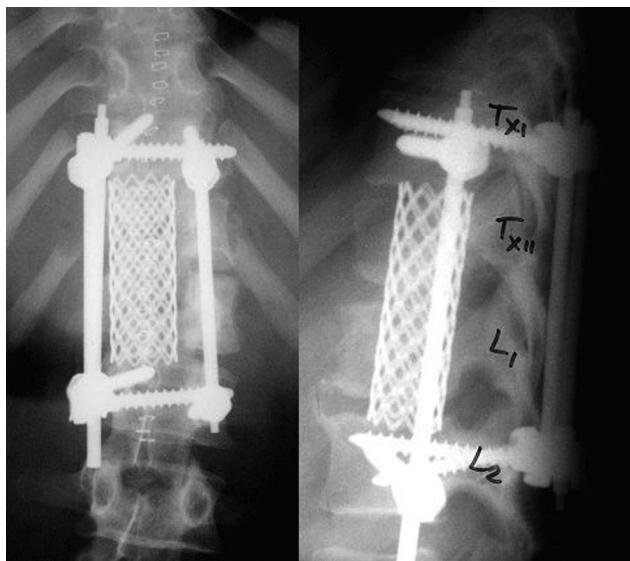


Fig. 4. Surgical treatment consisted in a first anterior debridement and fusion with titanium Harms cage and screws, followed by a posterior transpedicular stabilization.