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IMAGES OF SPINE CARE

A rare case of panspinal Pott disease simulating metastatic disease

A 33-year-old homeless male without prior medical history presented with complaint of back pain of 6 months' duration, which was aggravated after being assaulted. He was treated and released after an emergency room evaluation detected no neurologic deficits and computed tomography of the cervical spine and X-rays of the thoracic and lumbar spine revealed no abnormalities (Fig. 1). He subsequently represented 10 weeks later with worsening complaints of pain in the neck and upper back as well as numbness in the left arm. During the hospital workup, he developed weakness of the bilateral hand intrinsic muscles and enhanced deep tendon reflexes in the lower extremities. Magnetic resonance imaging of the cervical, thoracic, and lumbar spine revealed enhancing lesions infiltrating essentially every vertebra of the spine with extensive bony erosion (Fig. 2). At C7, there was near-total bony destruction of the vertebra with spinal cord compression. A chest-abdomen-pelvis computed tomography scan with and without contrast was negative for extraspinal pathology, and bone marrow biopsy and urine and blood tests were not indicative of multiple myeloma. In view of the extensive disease and instability, we performed a surgical decompression, multilevel stabilization, and cement augmentation (Fig. 3). Intraoperative tissue sampling showed typical granulomas and acid-fast bacilli that confirmed the diagnosis of Pott disease. The patient's numbness and weakness resolved postoperatively, and he experienced acceptable pain control at 6 months' follow-up. This pattern of holospinal involvement of Pott Disease has not been previously described in the literature.[1–4]

References

[1] Rivas-Garcia A, Sarria-Estrada S, Torrents-Odin C, Casas-Gomila L, Franquet E. Imaging findings of Pott's disease. Eur Spine J 2013;22(Suppl. 4):567–78.

[2] Turgut M. Multifocal extensive spinal tuberculosis (Pott's disease) involving cervical, thoracic and lumbar vertebrae. Br J Neurosurg 2001;15:142–6.

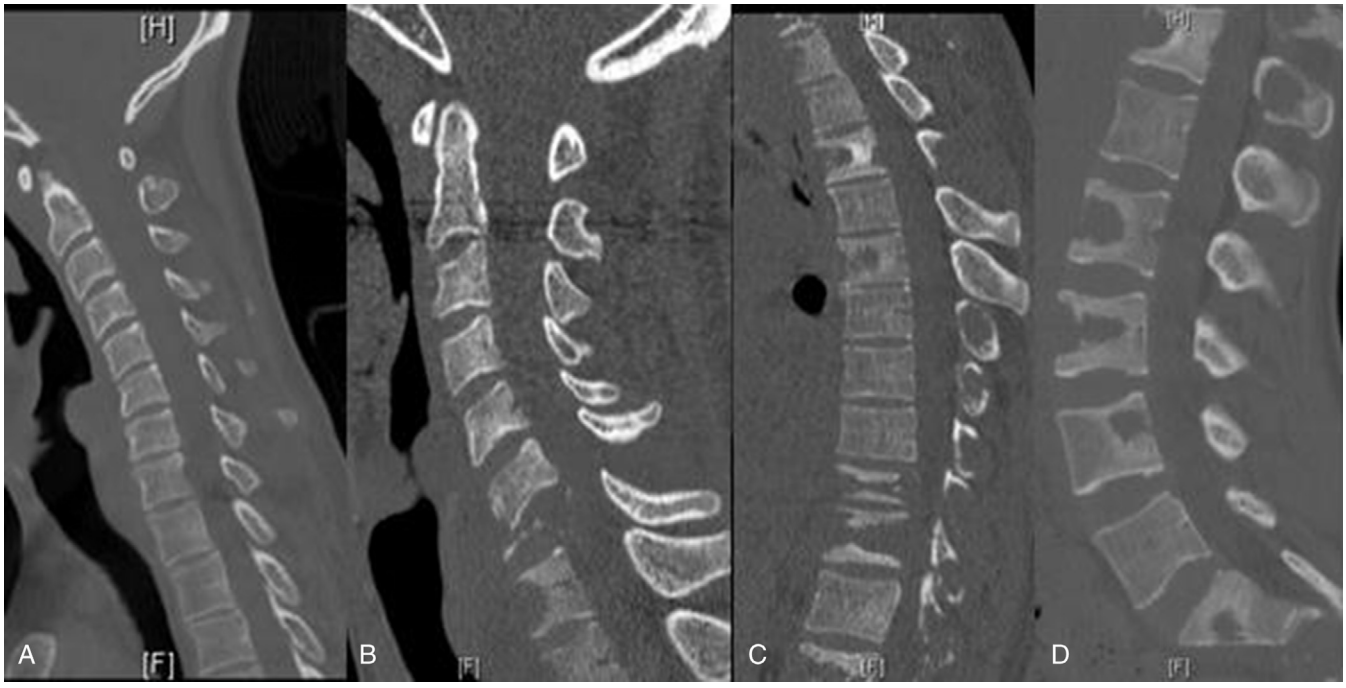

Fig. 1. Cervicothoracic CT (A) from June 2014 demonstrating straightening without apparent infiltrative or destructive lesions. CT of the cervical (B), thoracic (C), and lumbar (D) spine from September 2014 demonstrating numerous osteolytic processes.

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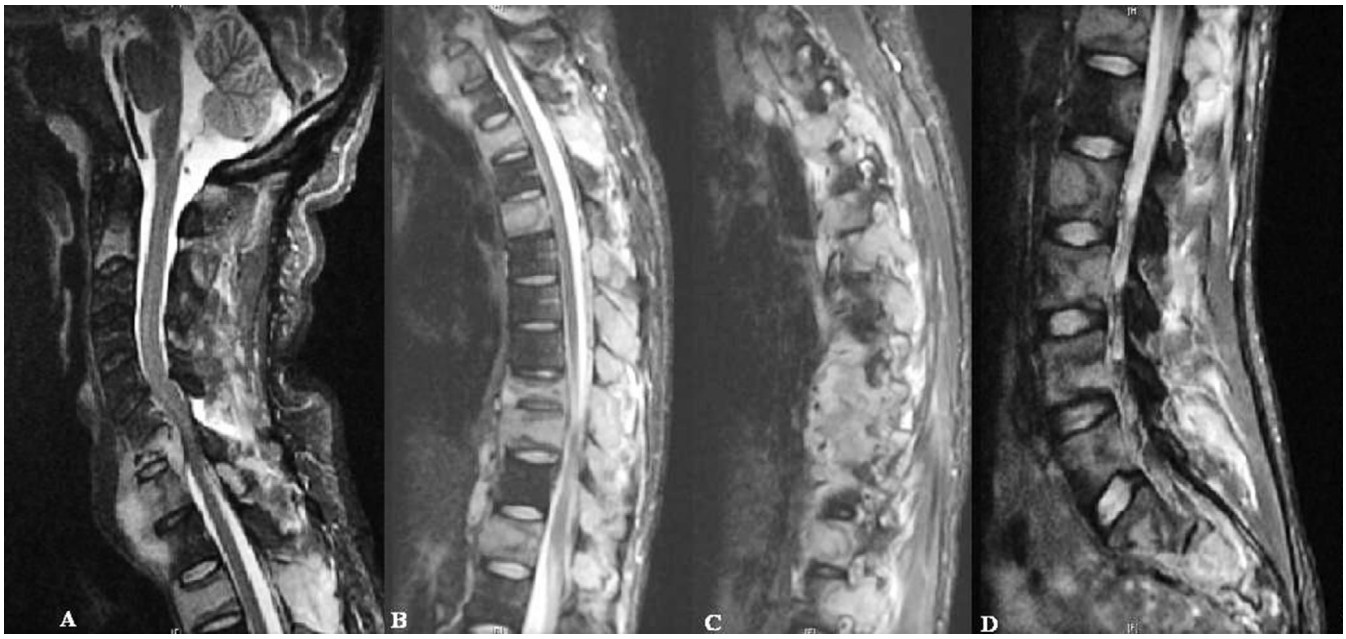

Fig. 2. Cervical (A), thoracic (B and C), and lumbar (C) T2-weighted MRIs demonstrating extensive disease at essentially all spinal levels. Note the large C7 lesion resulting in severe epidural compression in panel A.

Fig. 3. Postoperative coronal (Left) and sagittal (Right) X-rays demonstrating instrumented fusion from C3 to T10 with cement augmented pedicle screws and vertebroplasty at T11 to stabilize the distal portion of the construct.

[3] Wang L, Liu L, Song Y. A rare case of atypical noncontiguous multiple spinal tuberculosis. Spine J 2015:pii: S1529-9430(15)00469-6.
[4] Pande K, Babhulkar S. Atypical spinal tuberculosis. Clin Orthop Relat Res 2002;398:67–74.

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