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IMAGES OF SPINE CARE

A rare case of thoracolumbar aspergillosis involving T10–L5

A 43-year-old woman, who had subsisted on crop farming for many years, presented with prolonged fever, low back pain, lower extremity paraparesis, and hypoesthesia below L1 for 1 month. Spinal computed tomographic reconstruction images revealed moth-eaten destruction of upper and lower end plates of all lumbar vertebral bodies, and unsatisfactory sagittal lumbar alignment (Fig. 1). Spinal magnetic resonance imaging revealed intervertebral disc damage, inhomogeneous T2 hyperintensity in all lumbar vertebral bodies, and longitudinal abscess lesion at the antetheca of spinal canal extending between T10 and L5 (Fig. 2). Both blood and cerebrospinal fluid cultures did not yield any pathogenic bacteria. Cerebrospinal fluid analysis showed markedly elevated protein (202 mg/dL) and pleocytosis (220/mm^3). Diagnosis of spinal aspergillosis was made based on the positive result of needle aspiration biopsy under computed tomographic guidance. Clotrimazole, fluconazole, and ceftriaxone therapy for 6 months and additionally Chinese medicine rehabilitative physical therapy were applied. Low back pain gradually relieved, and moderate improvement of lower extremity function was achieved. She was able to sit up and walk with stick at 8 months of follow-up.

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Fig. 1. Coronal and sagittal three-dimensional computed tomographic image showed moth-eaten destruction of upper and lower end plates of all lumbar vertebral bodies and unsatisfactory sagittal lumbar alignment.

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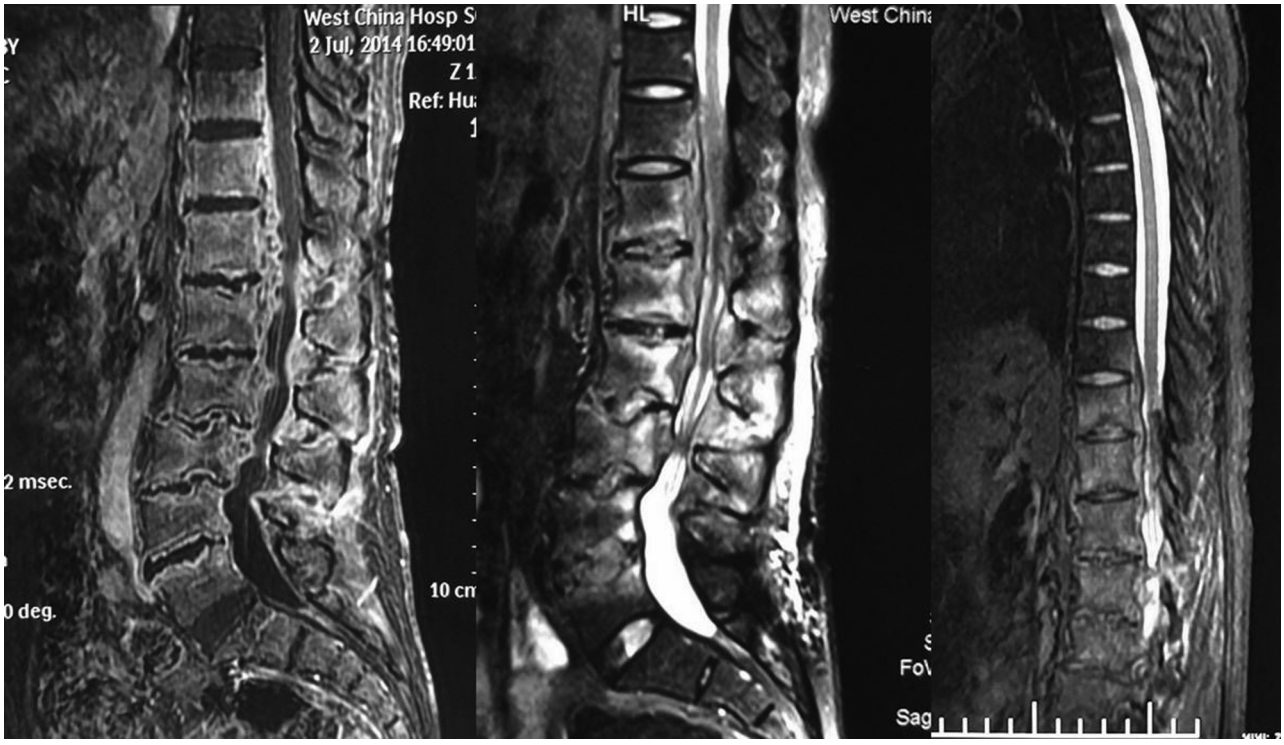

Fig. 2. Spinal magnetic resonance imaging revealed intervertebral disc damage, inhomogeneously T2 hyperintense in all lumbar vertebral bodies, and longitudinal abscess lesion at the antetheca of spinal canal extending between T10 and L5.