

METROPOLITAN HOSPITAL

Department of Orthopedic Surgery  
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\*\*\* INPATIENT CONSULT - INFECTIOUS DISEASE INVOLVED \*\*\*

PATIENT: Jackson, Robert E.	DOB: 12/03/1948 (76 years)
MRN: TX-94827-REJ	ADMIT DATE: 10/20/2025
CONSULT DATE: 10/24/2025	INSURANCE: Medicare A & B
ATTENDING: Dr. Lisa Chen, Hospitalist	CONSULTANT: Dr. Mark Sullivan, Ortho Spine

REASON FOR CONSULTATION:

Orthopedic spine surgery consulted by hospitalist service for evaluation and management of acute L3 compression fracture with severe pain, consideration for vertebroplasty.

CHIEF COMPLAINT:

Severe lower back pain following fall 5 weeks ago, admitted for pain control

HPI (per chart review and patient interview):

76 yo M with h/o DM2, CKD3, COPD admitted 10/20/2025 via ED for severe lower back pain. Per pt report, fell off stepstool at home approx 5 wks ago (9/15/2025) landing on his back. Immediate severe pain, went to ED same day. Xrays showed L3 compression fx. Was discharged home with pain meds (oxycodone) and f/u instructions.

Over next 4 weeks, pt developed increasing back pain despite meds. Also noted fevers at home (T 100-101F) starting about 2 weeks ago per pt. Weight loss ~8 lbs over past month. Night sweats. Decreased appetite.

Presented to ED 10/20 with severe pain (9/10), unable to ambulate, fever 101.2F. ED workup showed elevated WBC 14.2, ESR 78, CRP 12.4. Blood cultures drawn x2 sets. Admitted for pain control and workup.

\*\* RED FLAGS ON ADMISSION \*\*

- Fever 101.2°F
- Night sweats, weight loss
- Elevated inflammatory markers (ESR 78, CRP 12.4, WBC 14.2)
- Progressive pain despite opioids
- Concerning for INFECTION - ID consulted 10/21

PAST MEDICAL HISTORY:

- Type 2 Diabetes - poorly controlled, HbA1c 9.2%
- Chronic Kidney Disease Stage 3 (baseline Cr 1.9-2.1)
- COPD - on home O2 2L NC
- Hypertension
- Peripheral vascular disease
- Osteoporosis (dx 2022)
- H/o MRSA skin infection 2023 **MEDICATIONS (HOME) :**

Metformin 1000mg BID, Insulin glargine 40u QHS, Lisinopril 40mg daily, Furosemide 40mg daily, Simvastatin 40mg daily, Aspirin 81mg daily, Tiotropium inhaler, Albuterol inhaler PRN, Alendronate 70mg weekly, Calcium/VitD daily, Oxycodone 10mg Q6H (added after fx) **HOSPITAL**

**COURSE:**

10/20: Admitted, IV opioids started, infectious workup initiated  
10/21: ID consult placed, MRI ordered STAT  
10/22: MRI completed - concerning findings (see below)  
10/23: Repeat labs, blood cx still pending, empiric abx started  
10/24: Ortho spine consult (today), blood cx POSITIVE (see below) **PHYSICAL**

**EXAMINATION (10/24/2025) :**

VS: T 100.8F, BP 158/92, HR 94, RR 18, O2sat 91% on 2L NC GEN:

Ill-appearing male, appears uncomfortable, diaphoretic

CV: Tachycardic, regular rhythm

PULM: Decreased breath sounds bases, no wheezes

**SPINE:** Significant TTP over L2-L4 region. Warmth noted over lower lumbar area. No fluctuance or obvious abscess. ROM severely limited by pain. Patient cannot sit up in bed without severe pain.

**NEURO:** Alert but fatigued. Motor 4+/5 BLE (limited by pain/effort). Sensation intact. DTRs 2+ symmetric. No saddle anesthesia.

**PAIN SCORES:**

Date	NRS	Context
9/15/2025	9/10	Initial injury - ED
9/22/2025	7/10	PCP f/u - 1 week
10/6/2025	8/10	PCP f/u - 3 weeks, worsening
10/20/2025	9/10	ED admission
10/24/2025	8/10	Today - on IV opioids

**IMAGING:**

**L-SPINE XRAY (9/15/2025) - Initial ED visit:**

L3 compression fracture, ~35% ant height loss **MRI**

**LUMBAR SPINE W/ CONTRAST (10/22/2025) :**

**\*\*\* CRITICAL FINDINGS \*\*\*****FINDINGS:**

- L3 vertebral body compression fx with bone marrow edema on STIR
- **CONCERNING: Endplate irregularity at L3 with adjacent disc space involvement**
- **Abnormal signal intensity within L2-L3 disc space**
- **Enhancement of disc and adjacent endplates post-contrast**
- **Small paravertebral soft tissue edema/phlegmon**
- Mild epidural enhancement L2-L3 level
- Spinal canal patent, no significant stenosis
- Cord normal signal

**IMPRESSION:**

1. L3 compression fracture with bone marrow edema
2. **FINDINGS CONCERNING FOR VERTEBRAL OSTEOMYELITIS/ DISCITIS at L2-L3 level**
3. Recommend correlation with labs and ID consultation

**\*\* RADIOLOGY CALLED CRITICAL VALUE TO PRIMARY TEAM 10/22 \*\***

**LABORATORY DATA:**

Test	10/20 (Admit)	10/24 (Today)	Reference
WBC	14.2	13.8	4.5-11.0 K/uL
WBC Diff	82% PMN, 6% Bands	78% PMN, 4% Bands	Left shift
Hgb	10.8	10.4	13.5-17.5 g/dL
ESR	78	82	0-15 mm/hr
CRP	12.4	11.8	<0.8 mg/dL
Creatinine	2.2	2.0	0.7-1.3 mg/dL
Glucose	284	198	70-100 mg/dL
HbA1c	9.2%	-	<5.7%

**BLOOD CULTURES (drawn 10/20/2025):**

Set #1 (10/20 @ 14:30): POSITIVE at 36 hours

Set #2 (10/20 @ 15:00): POSITIVE at 38 hours

**Organism: Staphylococcus aureus (Gram positive cocci in clusters)**

Sensitivities PENDING (preliminary: Methicillin RESISTANT - MRSA)