

Vertebral discitis after laparoscopic resection rectopexy

A rare differential diagnosis

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Introduction

Vertebral discitis usually arises from haematogenous spread of pathogens to the discs and bones. During lumbar instrumentation pathogens can reach the bone directly and vertebral discitis is a well-known complication in neurosurgery. Vertebral discitis can rarely occur as a complication after laparoscopic operations with fixating sutures on the promontory.

Methods

We report the case of an 81 year-old woman, who underwent a laparoscopic resection rectopexy because of a third-degree rectal prolapse. Weeks after the operation the patient developed lower back pain with radiation to both legs not responding to symptomatic therapy. At the same time she developed Pseudomonas sepsis without an obvious source of infection and was treated with appropriate antibiotics for 14 days.

Results

After initial improvement her pain worsened and she experienced one-sided, great toe extensor paresis. Two months later a MRI of the lumbar spine showed vertebral osteomyelitis and discitis. A CT-guided needle biopsy was positive for Pseudomonas aeruginosa. The patient was treated with high dose ceftazidime for 20 days followed by oral ciprofloxacin for three months.

Conclusion

A fixation on the promontory may be sufficiently traumatic to the spine to pave the way for subsequent infection. Signs, symptoms and laboratory findings of vertebral discitis are not specific. A high index of suspicion should be raised in patients with persistent, severe back pain and signs of systemic inflammation. Anamnesis, imaging and an adequate specimen from the affected area for microbiological analysis are crucial for timely diagnosis and appropriate management involving targeted and prolonged antimicrobial therapy to avoid unnecessary postoperative morbidity by persistent neurological deficits because of this rare complication.