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O-RAQ-28 - Spondylodiscitis surgically treated: retrospective review

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Resumen

Introduction: Spondylodiscitis associated with spinal epidural abscess is a rare, serious and increasingly frequent diagnosis. First choice management (medical vs surgical) remains unclear.

Objectives: The purpose of this study is to assess the impact of risk factors, agents, location and extent of the epidural abscess on neurological outcome after surgery in combination with medical management in our department.

Material and methods and results: We retrospectively analyzed the medical records and images of patients with spondylodiscitis surgically treated in our institution from January 2014 to December 2015. The outcomes were patient demographics, patient complaints, radiological features and pre/post-treatment neurological status (using ASIA motor score). We determined the relationship between the motor weakness and the extension of the epidural abscess (using intervertebral foramen height and posterior disc height as stenosis/compression measures). We compared our results with the published literature until now and a control group (spondylodiscitis medically treated exclusively).

Conclusions: Epidural abscess secondary to spondylodiscitis needs emergent diagnosis and treatment. Motor weakness is the most factor in treatment decision. Early surgery improves neurological outcomes.