



Acute Symptomatic Tuberculous Spondylitis in SARS-CoV-2 Infected Patient

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Clinical Image

A 32-year-old man of West-African origin with no known previous illnesses presented himself to the Emergency Department of our clinic. He showed symptoms of abdominal pain and thoracolumbar back pain that had existed for 4 weeks. In the waiting area there was an acute loss of strength in both legs. He was tested positive with SARS-CoV-2 PCR and had 2 of the 3 criteria of the Pott's triad detected (missing Gibbus). There were acute paraplegic symptoms in the lower extremities. Emergency CT and MRI diagnostics of the spine showed abscesses suspected to be tuberculosis in the lever of Th5 left, as well as a high degree of compression of the spinal canal with accompanying myelopathy signal from Th9-11 (Figure 1). In the emergency operation, the abscess was removed and the affected segments decompressed, as well as a bridging spondylodesis from Th4 to Th12 (Figure 2). The surgically obtained samples showed evidence of Mycobacteria as well as histopathologically characteristic granulomatous inflammations with central necrosis. Quadruple

OPEN ACCESS

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Received Date: 17 Sep 2021

Accepted Date: 05 Oct 2021

Published Date: 08 Oct 2021

Citation:

Kasapovic A, Ali T, Schwetje D. Acute Symptomatic Tuberculous Spondylitis in SARS-CoV-2 Infected Patient. Clin Surg. 2021; 6: 3331.

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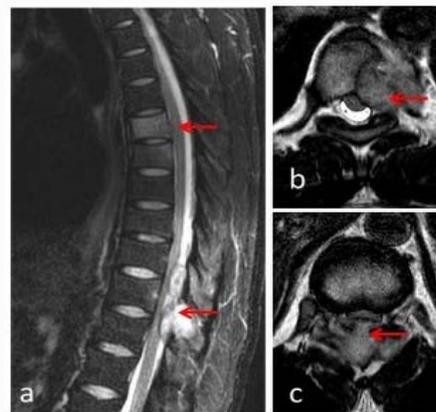


Figure 1: Emergency CT and MRI diagnostics of the spine showed abscesses suspected to be tuberculosis in the lever of Th5 left, as well as a high degree of compression of the spinal canal with accompanying myelopathy signal from Th9-11.

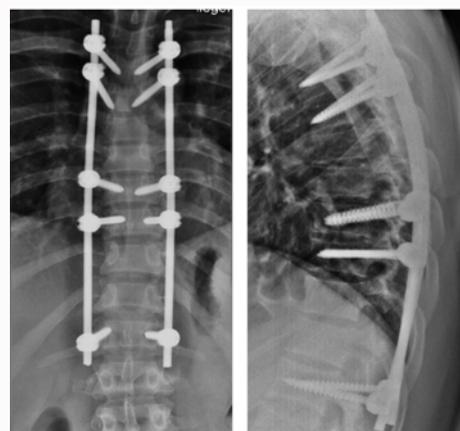


Figure 2: In the emergency operation, the abscess was removed and the affected segments decompressed, as well as a bridging spondylodesis from Th4 to Th12.

tuberculostatic therapy was initiated. On the second postoperative day, the neurological symptoms had already completely recovered.

The SARS-CoV-2 infection remained clinically inapparent.