



Lumbosacral Osteomyelitis and Epidural Abscess- Rare Complications of Pilonidal Sinus

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Editorial

Barring complications like repeating abscess in the surroundings of sacrum, pilonidal sinus usually runs a benign course. Lumbosacral osteomyelitis and epidural abscess are exceptionally rare complications that may develop in patients with chronic pilonidal sinus disease and physicians must be aware of this dreaded manifestation. A 35-yr old otherwise healthy male was seen in our Neurosurgery OPD with complaints of lower backache and gradually progressive weakness along with numbness and tingling sensation of both the lower limbs. He was a known patient of pilonidal sinus disease from past several years for which he took no treatment. Initial examination showed an elevated body temperature along with signs of spinal meningeal irritation and sensory loss of about 50% involving L5 and S1 dermatomes bilaterally. Spinal tenderness was present at lumbosacral region although the sinus did not reveal any signs of local inflammation. Blood counts revealed leucocytosis. Empirical antibiotic treatment with amoxicillin and metronidazole was initiated, and the septic signs improved, but weakness of lower extremities and sensory loss persisted. Magnetic resonance imaging of the spine revealed cellulitis in the lumbosacral region spreading from subcutaneous tissue to the epidural region, edema of the ligamentum flavum and osteomyelitis of the L4, L5 and S1 vertebral bodies with involvement of L4-L5 disc with anterior epidural abscess at L5, S1 and S2 vertebral levels causing marked compression of the thecal sac (Figure 1). The patient underwent L4-L5-S1 decompressive laminectomy under general anaesthesia and drainage of abscess. Extensive cellulitis with fibrosis was seen posterior to the L4, L5, S1 and S2 laminae which were excised (Figure 2). *Staphylococcus aureus* was detected on culture and antibiotics started according to sensitivity. The patient improved well and was discharged on 10th postoperative day and is currently on regular follow up. Longstanding pilonidal sinus can cause local deep infection which can easily be misdiagnosed and albeit rare, can initiate most feared complications of lumbosacral osteomyelitis and epidural abscess [1]. *Staphylococcus aureus* is the most common

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Figure 1: Magnetic resonance imaging of the lumbosacral spine showing osteomyelitis of the L4, L5 and S1 vertebrae with epidural abscess and cellulitis.

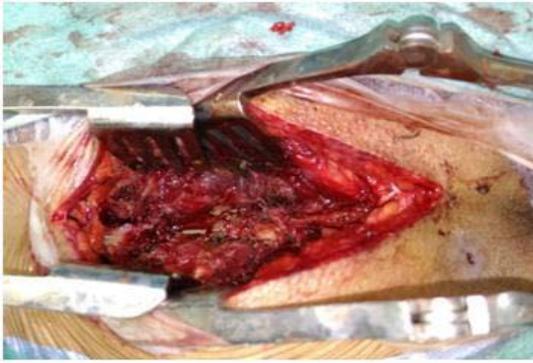


Figure 2: Intraoperative picture showing extensive cellulitis and fibrosis at the involved site. The sinus opening is visible.

causative organism microbe in these processes, Streptococcus and gram-negative bacilli are less frequent [2]. A high degree of clinical suspicion is needed for diagnosis; magnetic resonance imaging is a useful tool for lesion localization [3]. Early diagnosis and treatment

in such cases is important as the progression of the process may lead to irreversible paraplegia. We would urge surgeons to keep in mind the possibility of developing lumbosacral osteomyelitis and epidural abscess in patients of pilonidal sinus presenting with backache and fever as timely intervention will lead to favourable outcome.

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