Introduction

- Spinal tuberculosis accounts for 1% of all tuberculosis infections and approximately 50% of musculoskeletal tuberculosis. It is.
- Most common symptoms include insidious onset of back pain that may be accompanied with fevers and other constitutional symptoms.
- Even more uncommon are psoas abscesses that present with vague clinical presentations. They are mostly associated with bacterial infections such as Staphylococcus aureus but can also be secondary to tuberculosis.
- Early diagnosis and management play an important role in preventing complications including neurological compromise and paraplegia.

Case Description

- 34-year-old female who recently moved from India presented with chronic back pain that had progressively worsened over the last month.
- She denied any radiating pain, urinary or bowel incontinence, weakness, paresthesias, fevers or chills.
- She has no prior history of tuberculosis and had received a BCG vaccine in the past.
- Physical exam demonstrated left lower back tenderness but no spinal tenderness.
- MRI L-spine revealed osteomyelitis discitis of the L4-L5 level with massive abscess in the psoas muscles bilaterally (L>R) as well as a small epidural abscess extending through the left L4-L5 foramen effacing the left L5 nerve root and extending inferiorly around the sacrum and posterior paraspinal muscles.
- Acid-fast bacilli cultures confirmed the diagnosis of Mycobacterium tuberculosis.
- US guided percutaneous drains were placed that removed 450cc of the left psoas abscess and 15cc each from the epidural and right psoas abscess.
- She was placed on quadruple therapy with rifampin,isoniazid, pyrazinamide, ethambutol and pyridoxine.

Discussion

- Early recognition of psoas abscesses remains difficult despite the availability of effective diagnostic tools.
- In patients presenting with insidious onset of back pain, a high degree of clinical suspicion is needed for the diagnosis especially in the absence of neurological signs and symptoms.
- The diagnosis of extrapulmonary tuberculosis is often delayed due to subacute presentation particularly in developed countries where incidence of tuberculosis is relatively rare.
- Spinal tuberculosis can present as bone destruction leading to vertebral collapse, cold abscess formation via hematogenous spread of infection into the adjacent ligaments, muscles and soft tissue or direct invasion of the dural space that could result in spinal cord compression.
- The disease can be conservatively managed with anti-tubercular medications unless there are indications for surgery such as severe kyphosis, neurologic deficits or lack of response to treatment.

References:
4. Elnaim AL. Bilateral Psoas Abscess and Extensive Soft Tissue Involvement Due to Late Presentation of Pott's Disease of the Spine. Indian J Surg. Apr 2011