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CASE REPORT

# Tubercular Spondylo-Discitis with Bilateral Psoas Abscess

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## Introduction

The average prevalence of all forms of tuberculosis in India is estimated to be 5.05 per thousand. Psoas abscess is rare manifestation of extrapulmonary TB usually from contiguous spread of spinal TB. Vertebral TB presenting as bilateral psoas abscess is a rare presentation. Psoas abscess generally spread along the muscle sheath and spreads as palpable swelling below the inguinal ligament on the medial aspect of the inguinal region

## Case Report

A 52-year-old male presented with low backpain, on and off, low grade fever since 6 months and swelling over the medial aspect of right thigh since one month. Patient was previously treated for L3-L4 TB with ATT 10 yr back. K/c/o Diabetes Mellitus on OHA since 5 years.

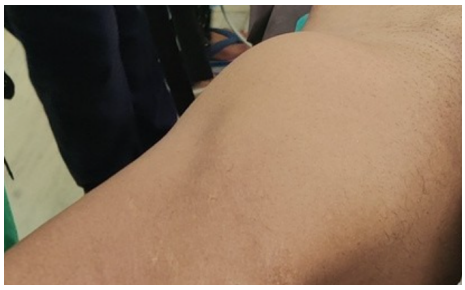

**Fig 1.**

O/E-.10X8X5 cm non tender swelling over the right groin extending up-to proximal thigh, soft in consistency. R Hip FFD - 30 degree, Rotations- normal.

LS Spine : Tenderness + on deep palpation at L3-L4 level.

ESR was -130mm/hr. CRP- raised

## X-Ray LS Spine AP and Lateral

Irregular end plate erosions at L3- L4 level with reduced disc space

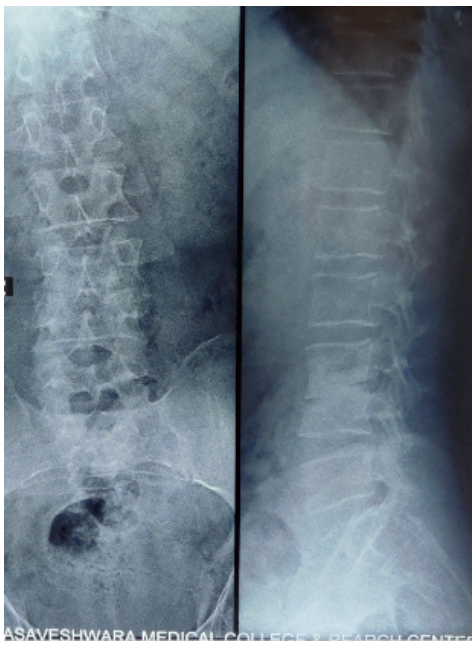

**Fig 2. X-Ray LS Spine AP and Lateral**

## USG of Both Hips

Revealed paravertebral collection involving B/L psoas, abscess and bulky right psoas with minimal, intermusular collection.

## MRI LS Spine with Screening of Whole Spine

Multiple large loculated collections noted in B/L paravertebral region involving B/L psoas muscle, spondylo-discitis involving L3-L4 level with pre and paravertebral collection**.**

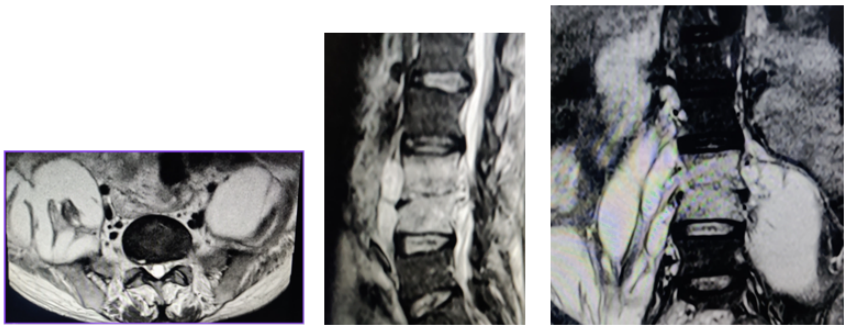

**Fig 3. MRI LS Spine**

## Treatment

### *Surgical treatment*

Right psoas abscess drained through anterior retroperitoneal approach, 900ml pus drained. On left side there was an organized pus collection and fibrosed psoas muscle was noted, us drained. Later treated conservatively with ATT for 12 months

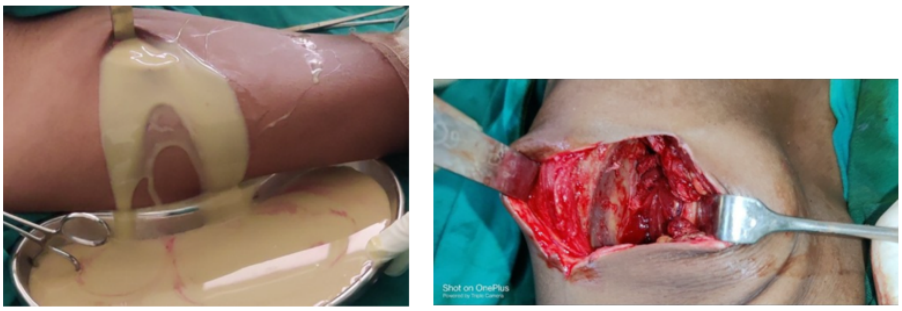

**Fig 4. Surgical treatment**

### *Histopathological report*

Features suggestive of granulomatous lesion -Tuberculosis.

### *Brucella agglutination titre*

Negative.

### *CBNAAT*

Positive and sensitive to Rifampicin.

## Results

After one year follow up bilateral psoas abscess and spine TB completely resolved and confirmed with MRI.

## Conclusion

This is a case of recurrent spinal TB after a decade, probably due to immunocompromised status secondary to Diabetes mellitus. Recurrent spine TB responds to routine treatment of psoas abscess drainage and 1st line ATT with good results. No MDR TB was detected in the recurrence