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Case Report

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TUBERCULOUS SPONDYLODISCITIS (POTT'S DISEASE): ABOUT 16 CASES

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ABSTRACT

Pott's disease or tuberculous spondylodiscitis is the localization of the tuberculous infectious process on one or more disco-vertebral units. The aim of this study was to clarify the epidemiological, diagnostic, therapeutic and prognostic aspects of Pott's disease at Rabat University Hospital.

KEYWORDS: Pott's disease – Tuberculocis.

INTRODUCTION

Tuberculosis is endemic in our country. It remains a serious public health problem.

Osteoarticular damage represents 3 to 5% of tuberculosis in all locations combined. The vertebral location represents 50% of all osteoarticular tuberculosis.

The authors report a series of 16 cases of spinal tuberculosis with the aim of illustrating the epidemiological, clinical, radiological and therapeutic characteristics.

MATERIALS AND METHODS

There are 13 women and 3 men with an average age of 51 years. More than 60% of our patients were of urban origin, and the existence of recent tuberculosis infection was not found in our series. We noted a clear predominance of dorsal and lumbar involvement. Neurological deficit was noted in 56.2% of cases.

The consultation time between the first symptoms and confirmation of the diagnosis was an average of 7 months. Clinically, 93.7% of patients consulted for spinal pain associated with a deterioration in general condition, weight loss and anorexia.

All our patients had a standard x-ray completed by a computed tomography (CT) scan. Spinal MRI was requested immediately in all patients presenting a neurological deficit. The search for associated pulmonary involvement was systematically sought using chest radiography.

Tuberculin skin test was performed in all patients and was positive in 81.2% of cases. BK was not isolated in the sample and the pathology study confirmed the diagnosis in 6 cases or 37.5%.

RESULTS

We adopted medical treatment associated with spinal immobilization in 13 cases, while 18% benefited from surgical treatment associated with medical treatment.

The anterior approach allowed us to evacuate the epiduritis, canal decompression, and reduce spinal deformities, after interbody arthrodesis using a rib graft and without osteosynthesis in one case. The other two cases had posterior decompression.

All our patients had received spinal immobilization for 3 months. Rehabilitation was an essential therapeutic complement in all deficiency patients.

The evolution in all patients was favorable.

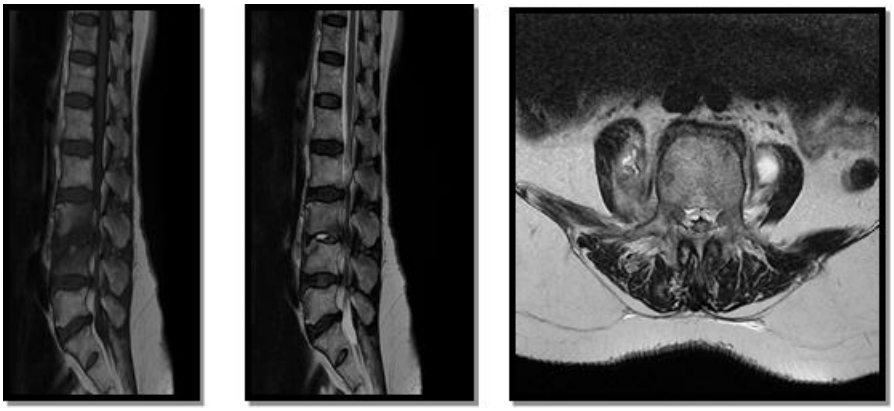

Fig. 1: Spondylodiscitis L3-L4 with spindle collections of the right and left psoas muscles.

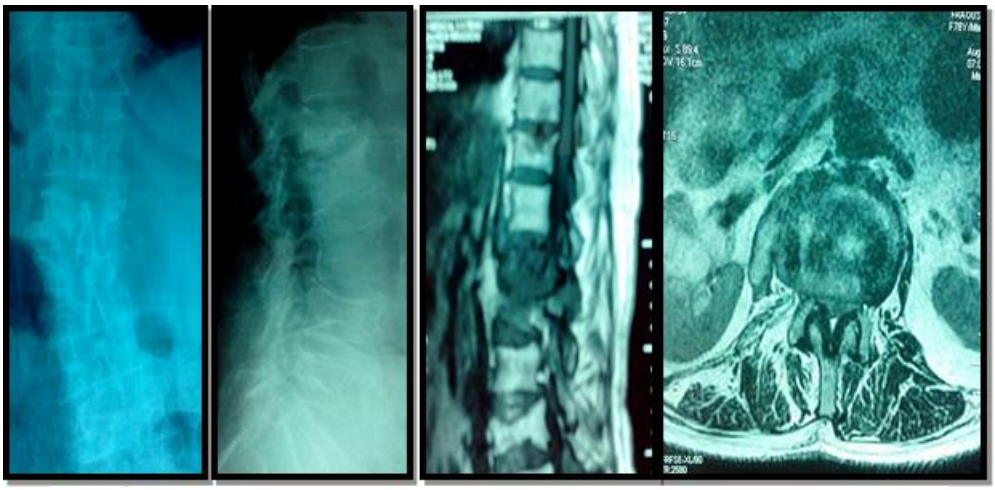

Fig. 2: Spondylodiscitis L1-L2 with epiduritis and right para-vertebral abscess.

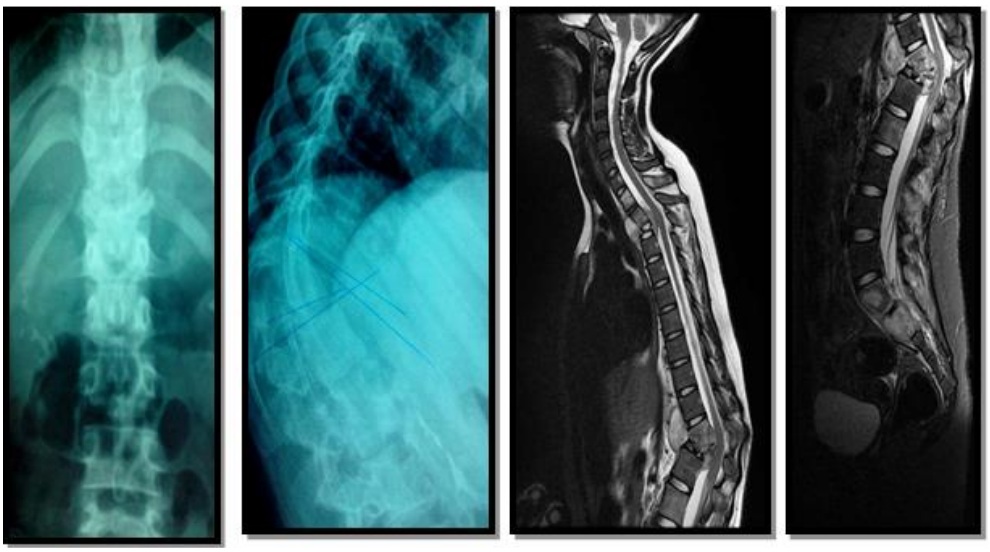

Fig. 3: Multifocal infectious spondylitis interesting T1, T2 T3, S1 and S2 with multiple collections in the soft parts.

DISCUSSION

The contribution of imaging undoubtedly constitutes one of the pillars of the diagnosis of Pott's disease. Disc pinching is the earliest sign. Geodes represent characteristic, but not pathognomonic, lesions. They can be single or multiple, rounded or oval with more or less blurred contours, they are of variable size. These geodes most often involve two adjacent vertebrae, and achieve the classic appearance of mirrored geodes on either side of a pinched disc. Bone sequestra are very suggestive or even pathognomonic of the tuberculous nature of spondylodiscitis; they can appear within geodic lesions or within abscesses.

The intradermal reaction (IDR) constitutes an element of presumptive diagnosis of tuberculosis; its positivity percentage in our series amounts to 81.2%; this figure is close to that of Loembe et al (86.36%) badr.F (85.3%). Pathology allows for a definitive diagnosis, showing epithelial and gigontocellular granuloma with caseous necrosis. The anatomopathological analysis is only carried out with a sensitivity of 72%. In practice, the definitive diagnosis of spinal tuberculosis is difficult to make, and is most often based on radio-clinical arguments and often leads to favoring therapeutic tests. This is why in countries with a high prevalence of tuberculosis we are satisfied with a presumptive diagnosis to start antibacterial drugs.

The therapeutic management of Pott's disease still remains controversial between the different schools. The attitude towards the vertebral home continues to be divided between exclusive medical treatment and medico-surgical treatment. The question that always arises is when should we operate? what approach should we carry out? Antibacillary drugs can cure spinal tuberculosis provided that the diagnosis is certain and there is no neurological compression. According to Debeyre et al, antibacillary drugs must be administered at maximum dose from the outset and in the form of polychemotherapy combining at least three antibacillary drugs; to avoid any resistance from the BK, in a continuous and prolonged manner. The duration of treatment varies between 6 and 18 months.

CONCLUSION

La tuberculose vertébrale doit rester toujours présente dans notre esprit d'autant plus qu'elle sévit sous forme endémique dans notre pays. Le meilleur traitement reste préventif.

BIBLIOGRAPHY

1. M Maftah, M Lmejjati, A Monssouri, N FC Abbadi, F Bellakkadar. Mal de Pott: à propos de 320 cas. Médecine du Maghreb. 2001; nÂ90 Zlitini M, Kassab MT. Spondylodiscite tuberculeuse (Mal de Pott). Encyclo Med-Chir App Locomoteur, 1988; 15852: A10-14P.
2. Loembe P, Assengone-Zeh Y, Guerch M, Mbumb-King A. La tuberculose vertébrale au Gabon. Neurochirurgie, 1988; 34(6): 420–7.
3. Badr Fedoul, & khalid Chakour,[1] et Mohamed El Faiez Chaoui [1] Le mal de Pott: à propos de 82 cas Pan Afr Med J., 2011; 8: 22.