

What a pain in the neck!

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A 57-year-old male and recent immigrant from Vietnam, presents with a one month history of malaise, low-grade fever and dull-aching neck pain.

On examination, he has a temperature of 37.8 C and his neck is tender on palpation. His neurologic examination is normal. Plain X-rays and a CT scan of the C-spine (Figure 1) were performed and laboratory studies revealed an elevated erythrocyte sedimentation rate (ESR) and white blood cell count.

If there is no evidence of spinal instability or neurologic deficit, Pott's disease can be treated with chemotherapy.

What's your diagnosis?

Tuberculous (TB) vertebral osteomyelitis (Pott's disease) is confirmed after a CT-guided aspiration of the C4 vertebral body. Pott's disease usually involves the thoracic and lumbar spine and can develop without evidence of active or dormant pulmonary TB. The causative bacilli spreads to the spinal skeleton hematogenously or through lymphatic channels from the lungs to



Figure 1. CT Scan of c-spine

the paravertebral lymph nodes.

The osteomyelitis can result in collapse of the vertebral body and spinal cord compression. CT-guided aspiration is often used to confirm the microbiologic diagnosis and to guide antibiotic treatment. If there is no evidence of spinal instability or neurologic deficit, Pott's disease can be treated with chemotherapy. Furthermore, external orthosis may afford earlier pain relief and mobilization.

> Surgery is usually reserved for unstable spine and decompression of the neural elements in patients with neurologic deficits.



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