

Incidentally Identified Asymptomatic Epidural Abscess after SCS Placement

Blake Sowers MD, Walker Robison MD, Anesh Rugnath MD
University of Mississippi Medical Center

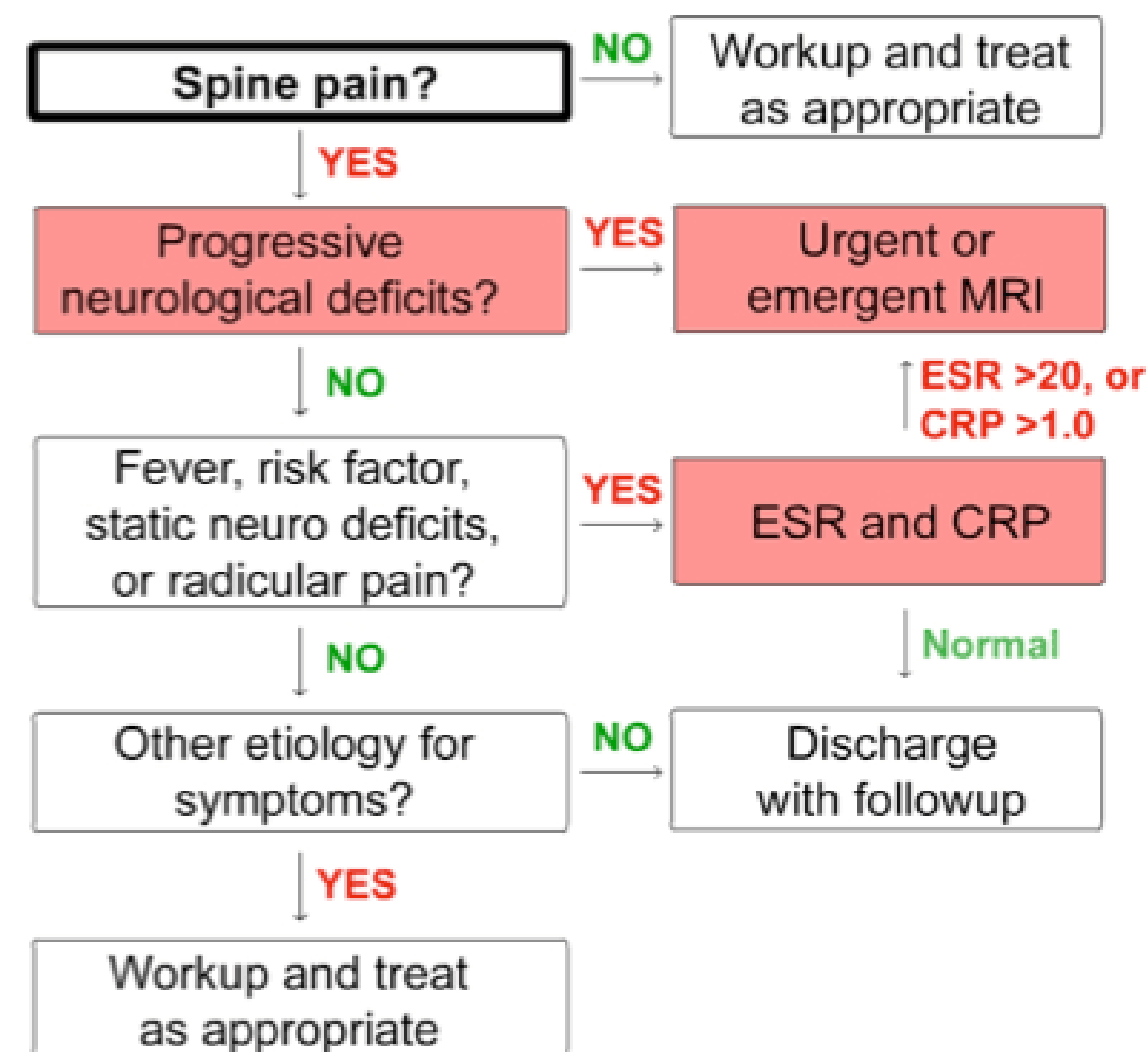


INTRODUCTION

- Spinal cord stimulators (SCS) are used to manage chronic neuropathic pain.
- Though generally well-tolerated, complications can arise, including rare instances of epidural abscess formation.

CASE REPORT

- 70-year-old male with chronic lower back pain underwent spinal cord stimulator implantation.
- Procedure was uneventful; patient reported significant pain improvement.
- Continued complaints of low back pain and SI joint pain despite palliation of radicular symptoms.
- One year post-SCS placement, lumbar MRI revealed an anterior epidural abscess not localized around the stimulator leads.
- Patient remained asymptomatic with no fever, back pain, or neurological deficits.
- Conservative management approach taken with close monitoring and serial imaging.
- No progression of the abscess or symptom development during follow-up.



DISCUSSION

- This case underscores the significance of vigilance in monitoring patients with spinal cord stimulators (SCS) for potential complications, even in the absence of symptoms.
- Epidural abscess formation, although rare, can occur after SCS implantation and may go undetected if routine follow-ups do not include imaging studies.
- Asymptomatic cases like this one illustrate the importance of considering incidental findings during imaging evaluations. Despite the absence of clinical symptoms, the presence of an epidural abscess requires careful management to prevent potential progression to neurological deficits or systemic infection.
- Clinicians should maintain a high index of suspicion for complications associated with spinal interventions, particularly in patients with persistent or new pain complaints.
- The conservative management approach taken in this case, involving close monitoring and serial imaging, is appropriate given the patient's asymptomatic status and the absence of neurological compromise.
- Ongoing surveillance allows for timely intervention if any changes occur, minimizing unnecessary invasive procedures while ensuring patient safety.
- This case also emphasizes the need for clear communication with patients regarding the potential for complications associated with SCS and the importance of follow-up care.
- Clinicians must balance the need for intervention against the risks of unnecessary procedures, advocating for patient-centered care that prioritizes both safety and quality of life.

REFERENCES

- Vakkala M, Järvinmäki V, Kautiainen H, et al. Incidence and predictive factors of spinal cord stimulation treatment after lumbar spine surgery (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5634380/>). J Pain Res. 2017;10:2405-2411. Accessed 10/3/2022.
- Deer TR, Provenzano D, Hanes M, Pope J, et al. The Neurostimulation Appropriateness Consensus Committee (NACC) recommendations for infection prevention and management. Neuromodulation. 2017;20(1):31-50. <https://doi.org/10.1111/ner.12565>