

The Case of the Hidden Discitis-Osteomyelitis

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INTRODUCTION

- Osteomyelitis discitis is a rare medical condition with an estimated incidence of 4.8 cases per 100,000 in the US.
- It may initially present similar to lumbar radiculopathy; however, the treatments for the two conditions are vastly different.
- This project aims to discuss conservative versus interventional pain management for patients presenting with lumbar radiculopathy symptoms complicated by leukocytosis.

METHODS

- Patient informed consent was obtained.

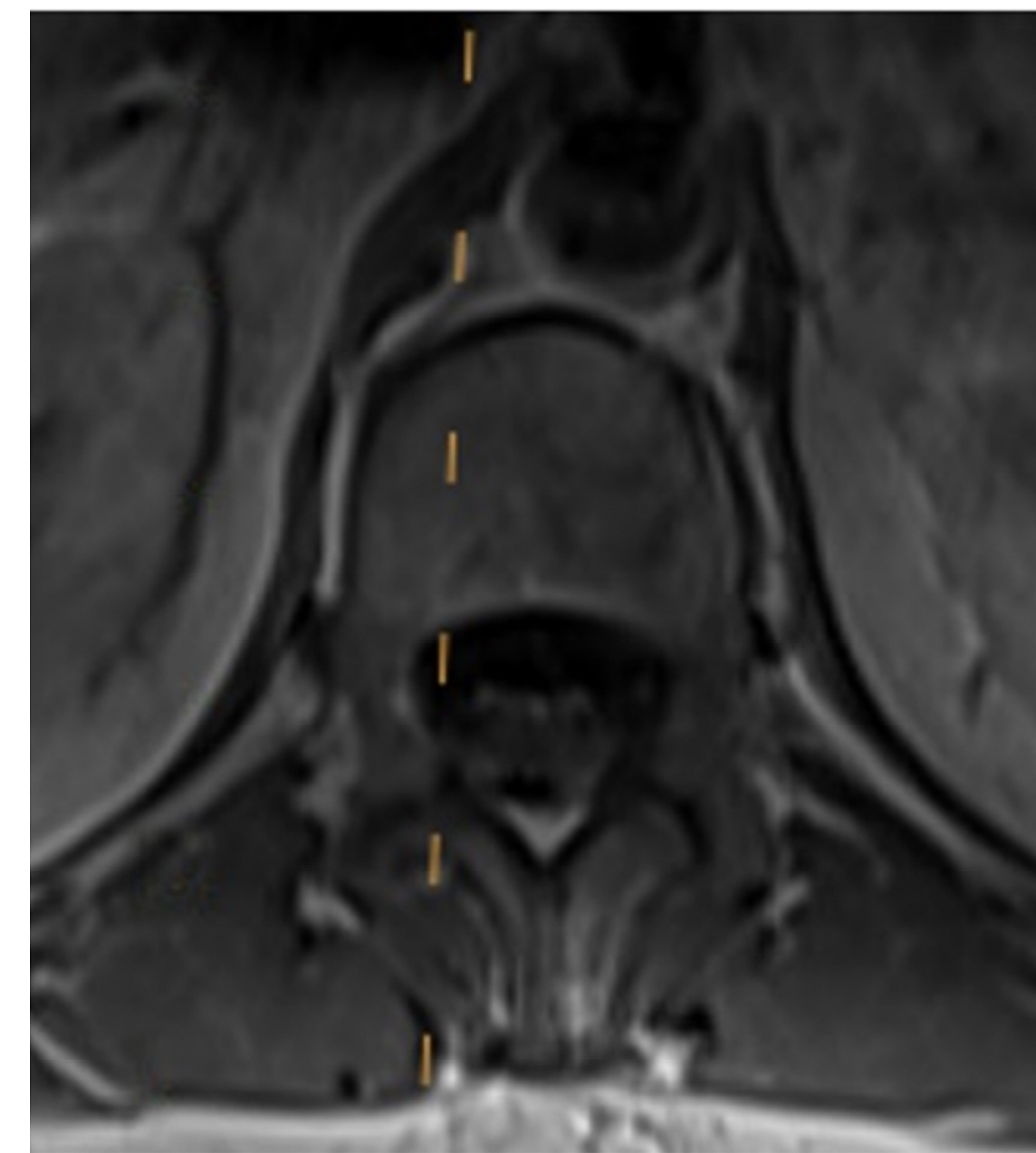
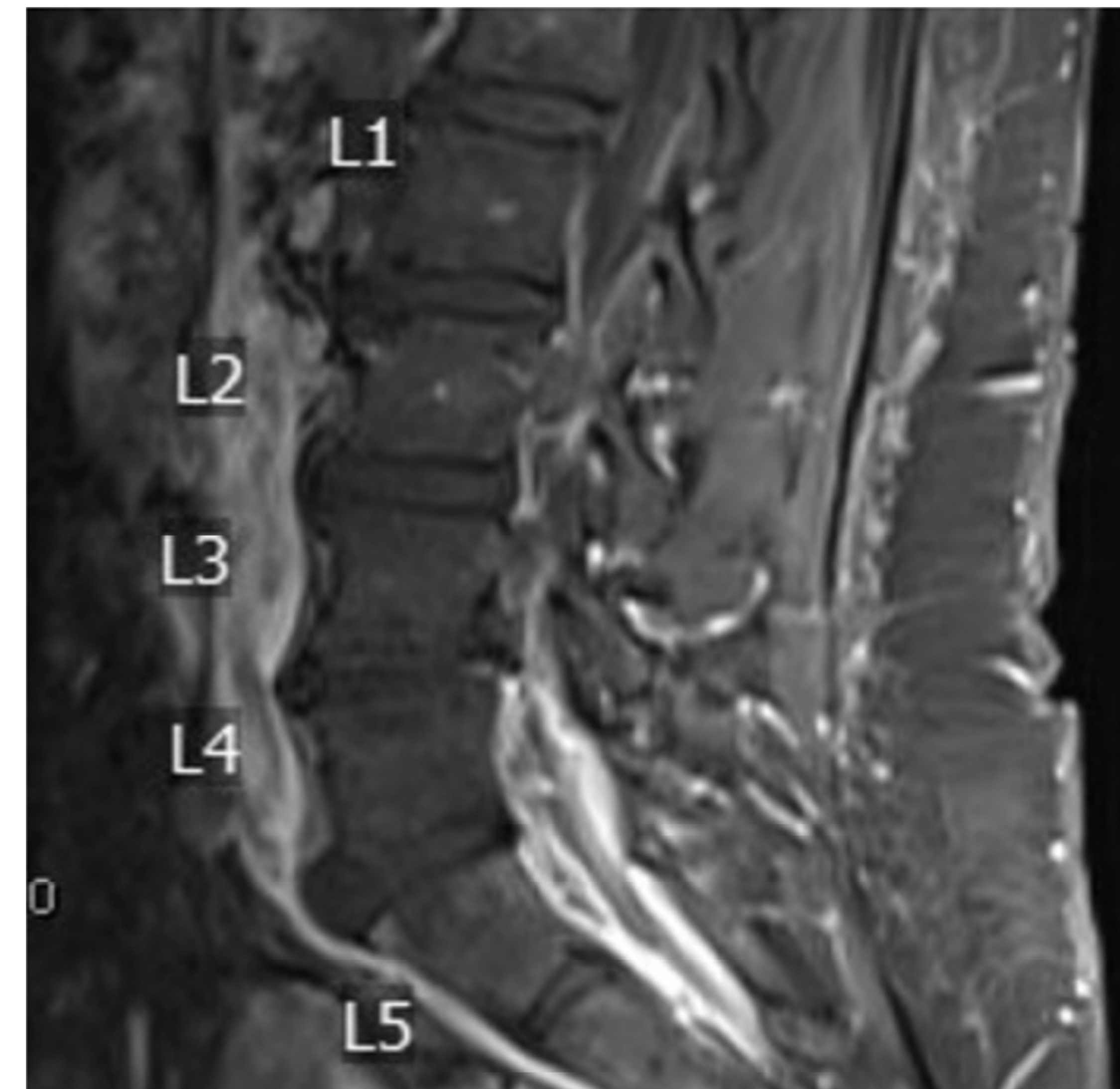
RESULTS

- **A 57-year-old female with history of laparoscopic gastric band surgery presented with debilitating back and abdominal pain.**
- **Patient was found to have bacteremia with CT scan findings concerning for omental infarct.**
- Symptoms did not subside despite loosening of the gastric band, and broad-spectrum intravenous antibiotics were started.
- **Initial MRI of the spine revealed just mild degenerative changes.** Patient soon after experienced worsening gluteal pain that radiated down the left leg.
- Consideration of LESI was proposed by medicine service, but the pain service declined to proceed with the procedure given the bacteremia of unclear origin. **Repeat spinal MRI eight days later revealed L4-L5 discitis osteomyelitis.**

DISCUSSION

- **Significant consideration should be given for discitis osteomyelitis as a possible differential diagnosis when a patient presents with lumbar radiculopathy symptoms with leukocytosis.**
- **Conservative treatment options may be safer for the patient rather than a steroid lumbar epidural.**
- Further discussion should be held, regarding whether blood work should be drawn prior to performing an outpatient epidural.

IMAGING



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