

INTRODUCTION

- Severe back pain in an immunocompetent patient can be an early sign of spondylodiscitis
- Presentation is often prolonged and diagnostically challenging
- Imaging findings may overlap with recent post-procedural change, delaying recognition
- Pain management may require multimodal and regional strategies while infection is clarified
- This case illustrates the difficulty of diagnosing very early discitis

MATERIALS & METHODS

- Single-patient case report at a tertiary academic medical center
- Retrospective review of clinical course, imaging, microbiology, and pain interventions
- Written informed consent obtained
- Descriptive analysis emphasized diagnostic reasoning, pain management, opioid use trends, and functional outcomes relevant to regional anesthesia and pain medicine practice

CASE REPORT

- 55-year-old relatively healthy male veteran with rapidly progressive lumbar pain and severe paraspinal spasm
- Refractory to oral analgesics, physical therapy, and recent L2-L3 interlaminar epidural steroid injection
- Dental infection/procedure occurred about 10 days before symptoms
- Initial MRI: marrow edema at L2-L3, first attributed to post-procedural change
- Repeat MRI w/contrast: progressive enhancement of the L2-L3 disc space and bilateral psoas musculature, concerning for discitis-osteomyelitis (Fig. A&B)
- Hospital course required hydromorphone PCA plus an extensive multimodal regimen
- Bilateral L3 erector spinae plane blocks produced significant but short-lived relief and improved participation in physical therapy
- CT-guided biopsy grew *Streptococcus viridans* after 4 days
- IV ceftriaxone led to immediate improvement; a 6-week course was followed by gradual resolution of pain and spasms

FIGURES

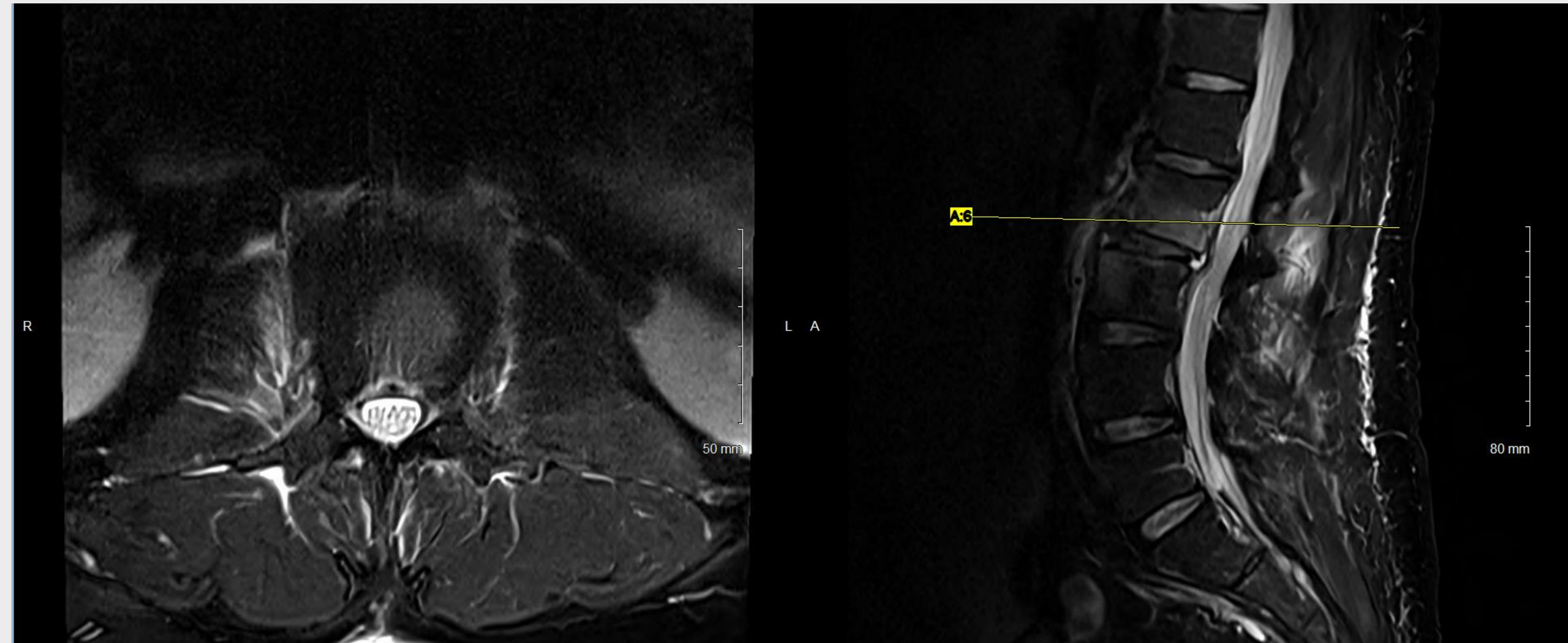


Fig. A

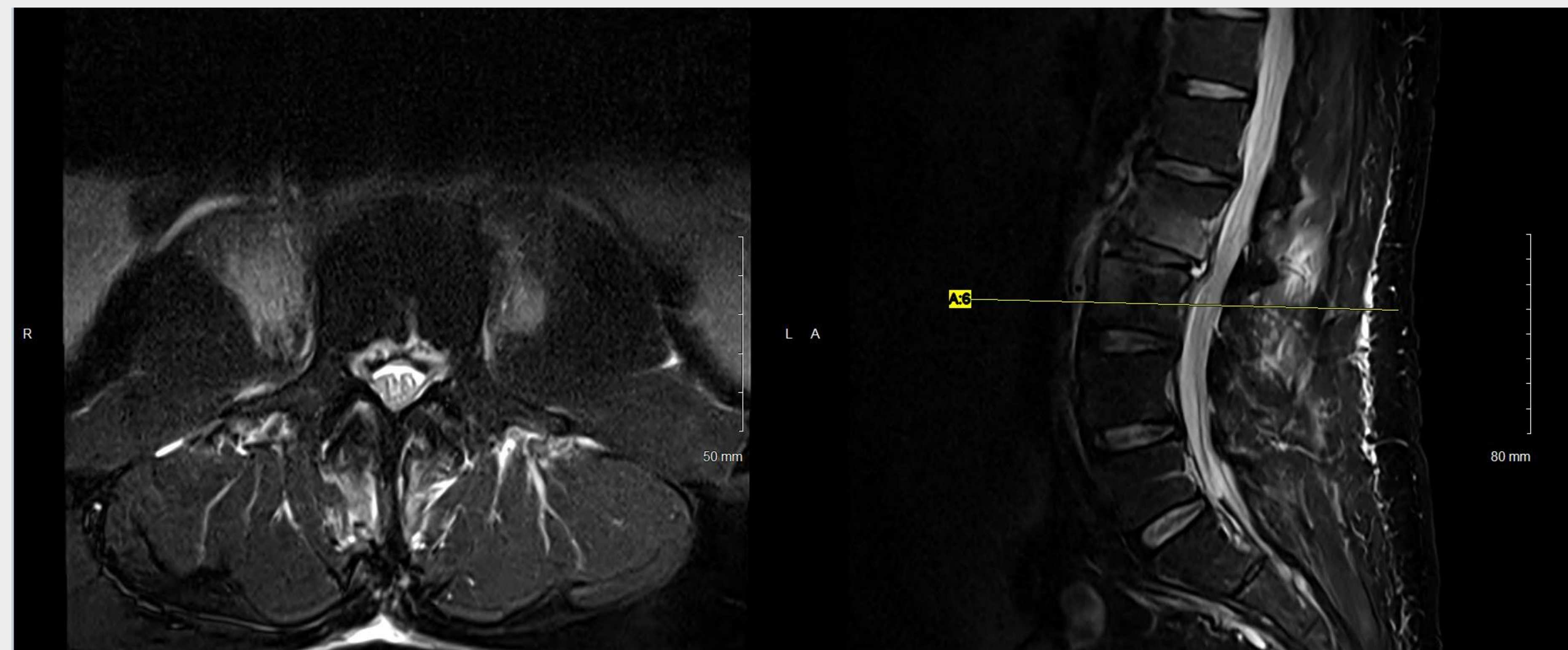


Fig. B

Fig. A & B: Edema with enhancement in the bilateral psoas musculature centered at L2 (A) and L3 (B), as well as mild associated anterior epidural enhancement

DISCUSSION

- Early spinal infection may mimic post-procedural imaging findings
- Clinical vigilance is essential when pain is intractable or progressively worsening after bacteremia-prone procedures, even in immunocompetent patients [1,2]
- Erector spinae plane block may improve pain control and mobility while diagnostic evaluation continues [3-5]
- Definitive improvement in this case followed targeted antimicrobial therapy

CONCLUSION

- Severe, unexplained back pain after recent dental infection or procedure should raise concern for discitis
- Repeat contrast imaging, biopsy, and culture may be critical when symptoms worsen despite standard pain treatment

REFERENCES

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