

EP227

Community-acquired Infectious Spondylodiscitis:
Characteristics and Predictors of Neurological Complications

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Introduction and Aim



Infectious Spondylodiscitis (ISD):
A serious, rare condition with insidious onset often leading to delayed diagnosis.

Study Objectives

- Describe epidemiological, clinical, and radiological characteristics of ISD and identify specific factors associated with neurological complications.

Methods

Study Design



- 5.5-year retrospective study
- Patients hospitalized for community-acquired ISD

Data Collection



Analysis of demographic, clinical, biological, radiological, etiological, therapeutic, and outcome data.

Results - Demographics and Etiology



Patient Profile (N=142)

Median age: **56 years**.
Sex ratio: **0.91** (slight female predominance).

Clinical Presentation



Back pain (97.7%)



Asthenia (74.6%)

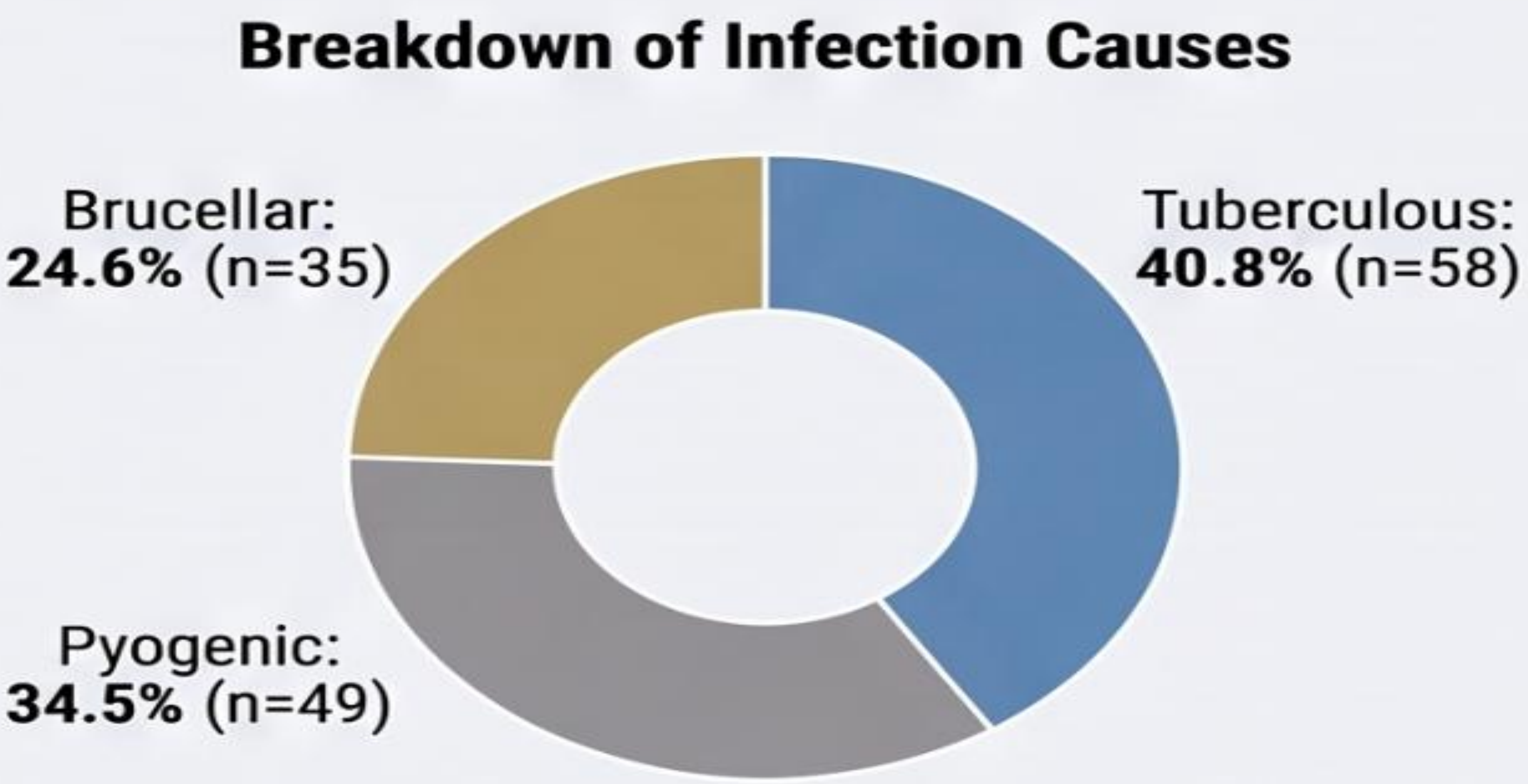


Fever (72.5%)

Diagnostic Delay



86% of cases (n=122) experienced a diagnostic delay exceeding **21 days**.



Results - Neurological and Radiological Findings



High Neurological Burden

79.6% (n=113) showed neurological complications (clinical or radiological), with **33.1%** having clinical deficits.

Radiological Complications

- Epiduritis: **59.9%**
- Epidural abscess: **35.2%**
- Spinal cord compression: **34.5%**

Independent Predictor:
Multilevel Involvement



Multilevel involvement (**16.2%** of cases) significantly associated with neurological deficits (**OR=3.19; p=0.007**).

Management and Outcomes

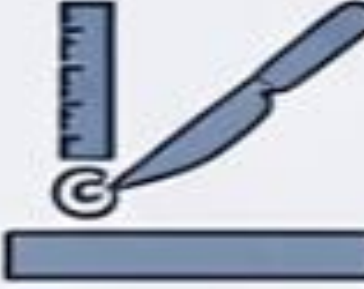
Therapeutic Management



Prolonged targeted antibiotics



Spinal immobilization (76.8%)



Surgery (15.5%)

Patient Outcomes

Outcome	Percentage
Complete recovery	75%
Persistent sequelae	12%
Mortality	7%

Conclusion

Community-acquired ISD carries a high rate of neurological impairment, specifically linked to multilevel involvement and specific radiological findings.



Clinical Recommendation

Early diagnosis and appropriate management are essential to improve outcomes and mitigate neurological risks.