

Spondylodiscitis in Clinical Practice

A retrospective study of diagnosis, etiology, and management

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Aim

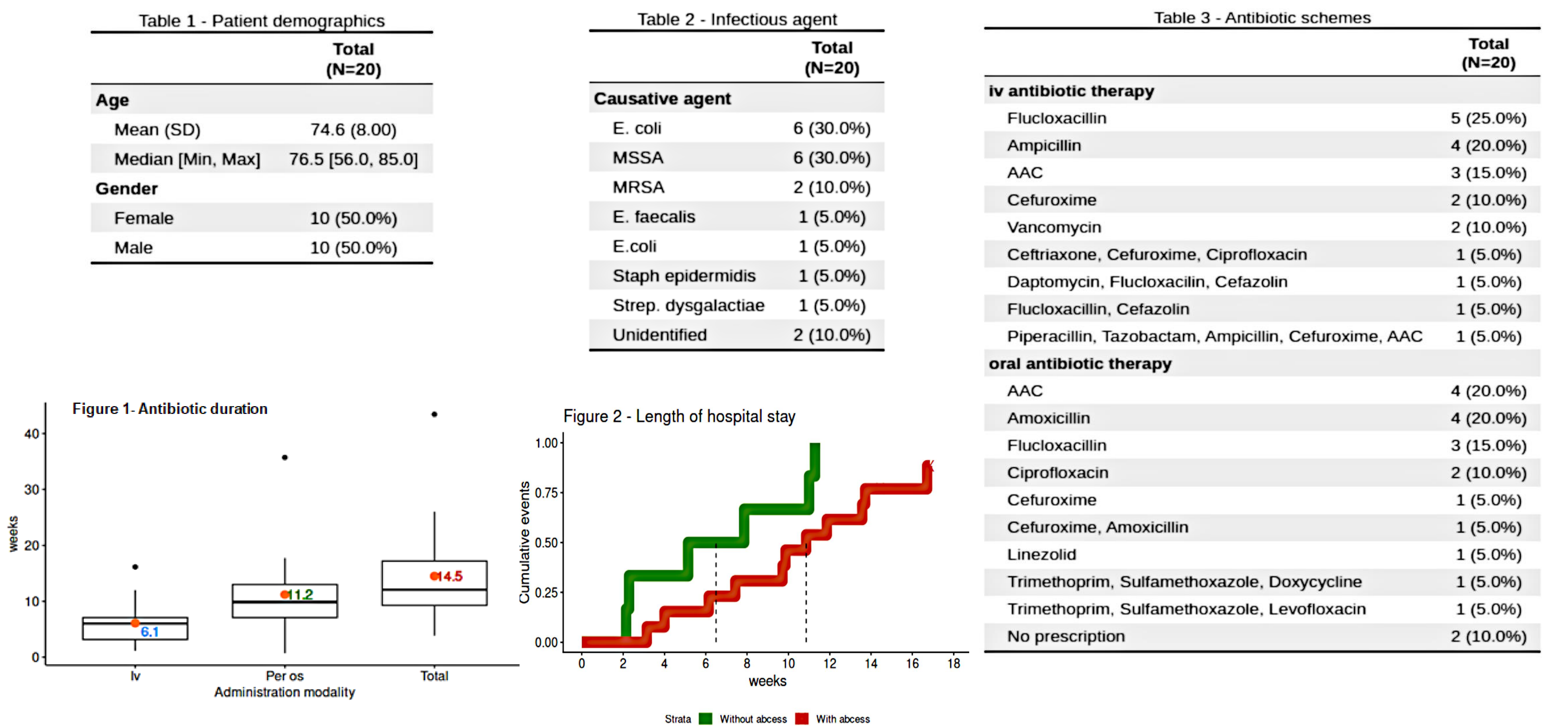
This study seeks to describe the diagnosis, clinical features, microbiologic findings, treatment, complications and outcomes of spondylodiscitis in a secondary hospital.

Methods

A retrospective analysis (december 2023 to october 2025) of adult patients diagnosed with infectious spondylodiscitis at a secondary hospital was performed. Clinical and microbiologic data were collected, as well as radiological findings and antibiotic treatment (duration, route of administration, combination therapy). Surgical procedures, when performed, were described. Descriptive statistical analyses was performed. Univariate and multivariate logistic regression were taken to define predictors of patients´ outcomes.

Results

A total of 20 spondylodiscitis cases were identified and analysed. Mean age was 74,6 +/- 8 years (Table 1). Microbiologic diagnosis was established in 90 % (n=18), of which 89 % (n=16) had bacteremia. *Escherichia coli* and meticillin susceptible *Staphylococcus aureus* (MSSA) were the more prevalent agents, accounting for more than 50% of cases (Table 2) The lumbar spine was the most affected region (85%), followed by cervical (10%) and dorsal (5%). Complications including epidural/paravertebral abscesses were found in more than 50% of patients. Patients completed a median of 6.1 weeks of intravenous (iv) antibiotherapy (min. 1.14 , máx. 16 weeks) and 11.2 weeks of oral therapy (min. 0.7 , máx. 35.7 weeks). The median duration of antibiotherapy (iv and oral) was 14.5 weeks (Figure 1). The most commonly used antibiotics were beta-lactams, namely flucloxacillin, amoxicillin-clavulanic acid and ampicillin/amoxicillin (Table 3). Although not statistically significant, patients with abscesses and bacteremia had an increase in length of hospital stay (Figure 2).



Conclusions

In this analysis, a high rate of microbiologic diagnosis was achieved, often in the presence of bacteriemia. *S. aureus* and *E. coli* remained the predominant pathogens. Lumbar spine was the most affected region. The presence of pyogenic complications had implications in the length of antibiotherapy and/or use of antibiotic combination regimens. Although not statistically significant, the presence of abscesses and bacteremia appeared to be associated with longer hospital stays. Early diagnosis, targeted antimicrobial therapy and monitoring of complications are key factors in patients´outcomes.