

Spinal Tuberculosis Causing Cauda Equina Syndrome in Pregnancy

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Objective

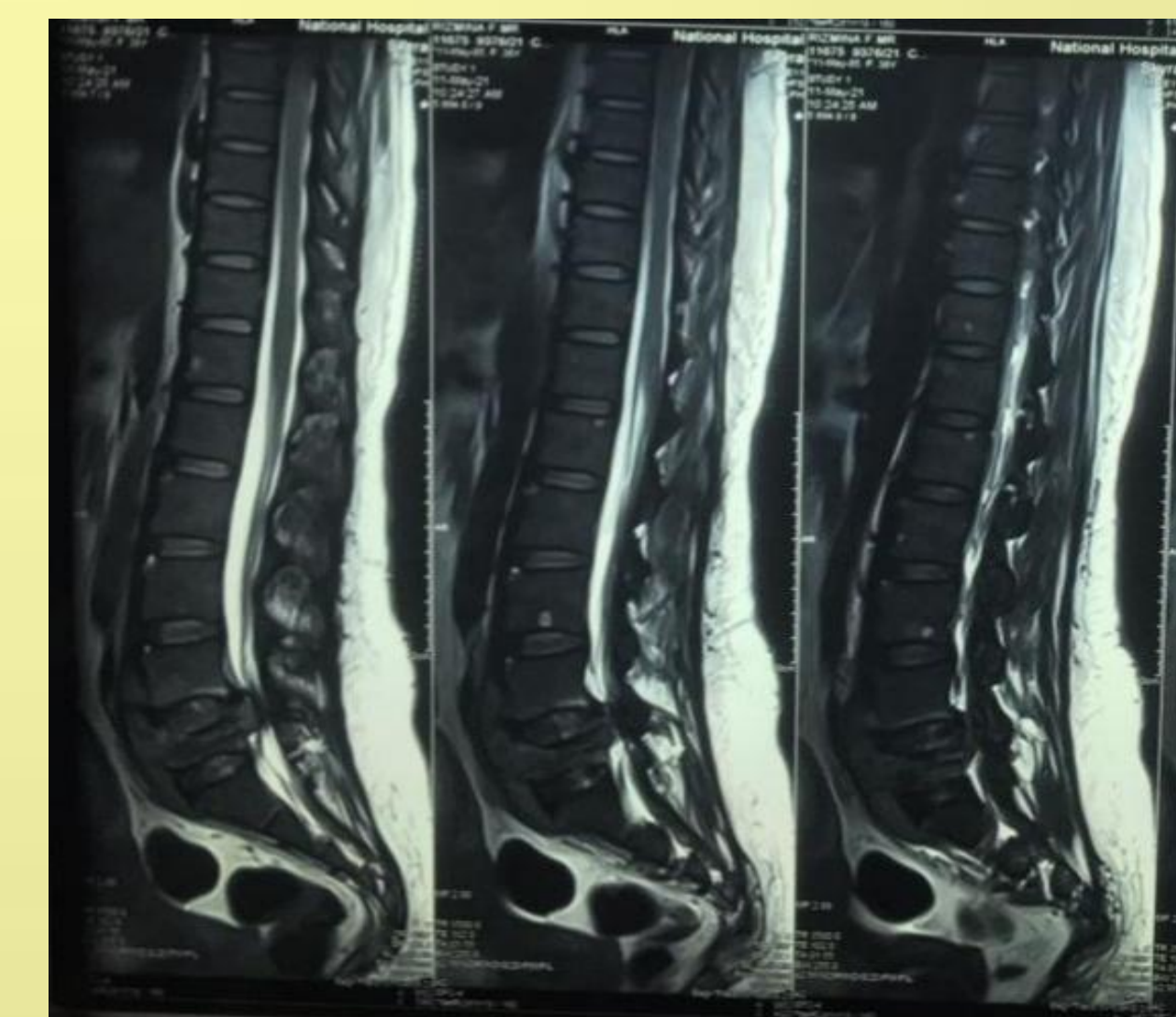
- ✓ Tuberculosis involving vertebra causing cauda equine syndrome is very rare in pregnancy.
- ✓ Diagnosis, management and treatments are challenging in this case which had an excellent recovery without any neurological deficit and her qualities of life were restored.

Case Report

A 36 year old mother of 3 children in her 3rd pregnancy at 15 weeks of period of gestation presented with back pain and difficulty in walking with Right sided foot drop , L5 root sensory loss and urinary retention. Erythrocyte Sedimentation Rate was 120mm in 1st hour and Tuberculin skin test was positive. MRI imaging of whole spine shows L5 vertebral collapse with a collection anterior to posterior to the spine causing severe cauda equine compression at L5-S1 level. Clinical diagnosis of Spinal Tuberculosis was made and Anti Tuberculosis Treatment was commenced. Fixed Dose Combination 4 (FDC4) comprising isoniazide , rifampicin, pyrazinamide and ehambutol initially started with steroid. Patient developed drug induced Hepatitis and drugs stopped until normalize the liver enzymes. Individual drugs re-introduced until reach maximum dose with monitoring of features of hepatitis. Then intensive phase of treatment restarted with maximum dose. Pregnancy was continued until term. Neurological improvements were noted. Foetal growth monitored. Baby was delivered by Elective Lower Segment Caesarean Section under General Anaesthesia. She underwent post partum L4- S1 spinal fixation and L5 posterior decompression under General Anaesthesia and had an excellent recovery without any neurological deficit post operatively and her qualities of life were restored.

Discussion

Tuberculosis (TB) remains a major global public health problem. Even though pulmonary Tuberculosis is the most common presentation, vertebral column also can be involved with the presentation of back pain which is one of the common symptoms in pregnancy. Other neurological features, blood and radiological investigations are helpful for diagnosis of spinal tuberculosis. Initial Anti tuberculosis treatment shows improvement does not necessitate the urgent cord decompression. But early surgical decompression will be helpful for patients with progressive neurological deficit or poor response to chemotherapy but surgery during pregnancy is difficult due to poor accessibility and poses a risk of preterm labour and anaesthetic exposure to developing foetus. Fixed Dose Combination 4 tuberculosis treatment is safe in pregnancy but drug induced hepatitis is serious complication of treatment.



MRI of Lumbar Spine

Conclusion

Spinal Tuberculosis can be presented with lower back pain and neurological signs in pregnancy. Early diagnosis with individualized management gives good maternal and foetal outcome.

Key words – Spinal Tuberculosis, Pregnancy, Backpain