

Deep Sutures, Deeper Complications: Spondylodiscitis Following Robotic-Assisted Rectopexy

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Introduction

- Spondylodiscitis following rectopexy is an extremely rare but potentially devastating postoperative complication.
- The proposed mechanism involves bacterial translocation or direct inoculation from the rectum into deeply anchored sutures at the sacral promontory, which may inadvertently penetrate or track toward the disc space.
- Clinical symptoms such as back pain and radiculopathy are atypical after colorectal procedures, diagnosis is often delayed, and no clear management guidelines exist.

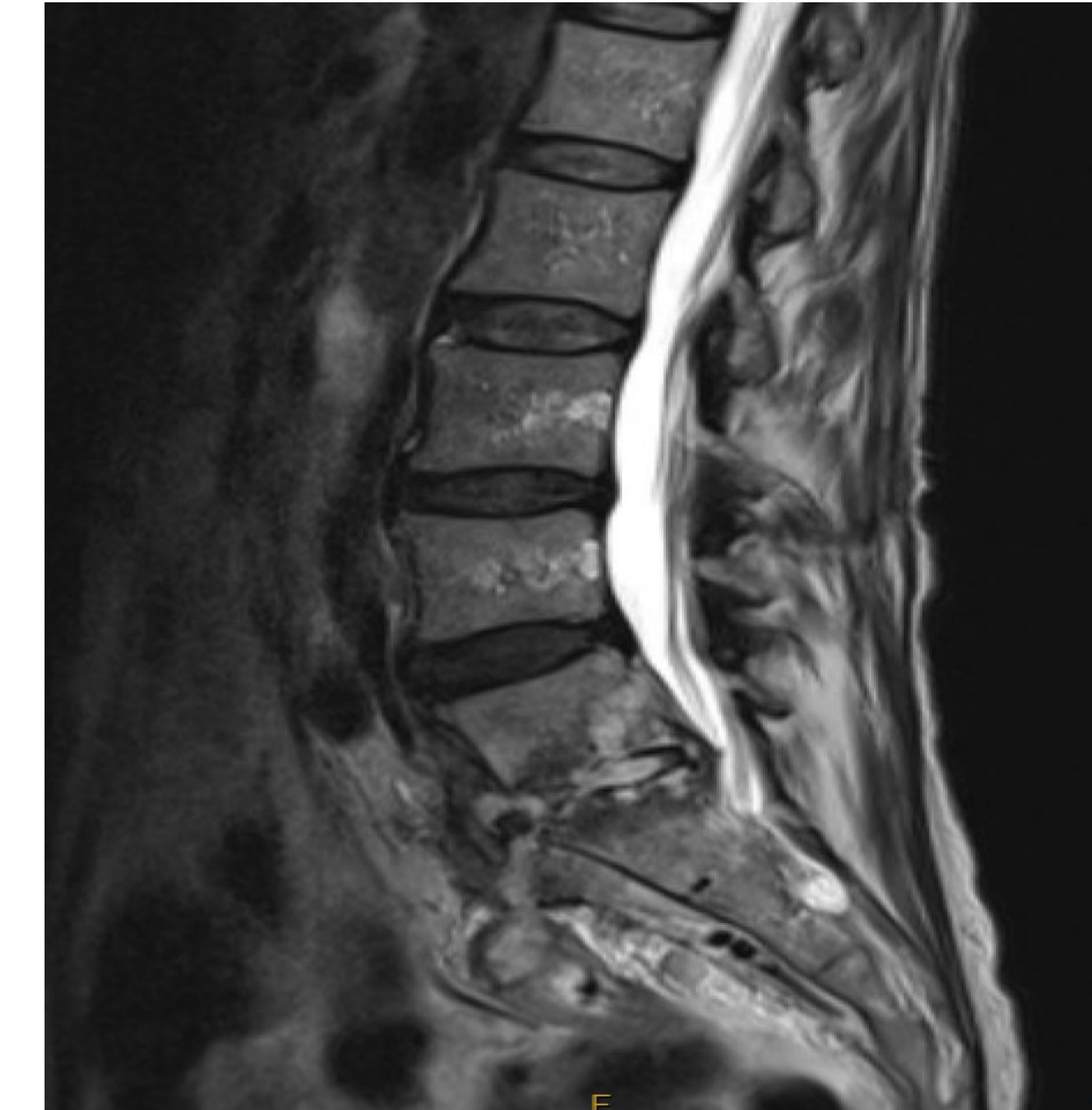
Case Presentation

- 67-year-old woman with chronic constipation and rectal prolapse refractory to medical and behavioral therapy who underwent robotic-assisted rectosigmoidectomy with rectopexy.
- Immediate postoperative recovery was uneventful, with return of bowel function and discharge on postoperative day (POD) 3.
- By POD 23, she developed progressive low back pain radiating to her lower extremities, and subsequently urinary incontinence.
- Initial imaging was unrevealing; however, MRI on POD 92 demonstrated L5–S1 discitis and osteomyelitis with extension into the presacral and epidural spaces.

- Definitive management required a multidisciplinary approach. She underwent exploratory laparotomy with removal of sacral sutures, drainage of pelvic and disc space collections, rectosigmoid resection with primary anastomosis, and creation of a diverting loop ileostomy. Neurosurgery performed anterior lumbar discectomy, partial corpectomy, and interbody arthrodesis with a PEEK cage and vancomycin-loaded allograft, followed by posterior L5–S1 spinal fusion.
- Her postoperative course was notable for improvement in symptoms, stabilization of infection, and recovery with ongoing rehabilitation.

Discussion

- New or progressive low back pain following rectopexy should prompt early consideration of discitis or osteomyelitis, particularly when accompanied by neurologic symptoms. [4]
- Second, MRI remains the diagnostic modality of choice, given its ability to detect early inflammatory and infectious changes not appreciated on CT. [1]
- Finally, prevention is paramount: careful exposure of the anterior longitudinal ligament and precise suture placement at the sacral promontory are essential to avoid inadvertent disc penetration. [2]



Conclusion

- Spondylodiscitis after rectopexy is a rare but serious complication requiring timely recognition and coordinated surgical management. Surgeons should maintain a high index of suspicion when confronted with delayed postoperative back pain and incorporate preventive strategies to minimize risk.

References: [1] Philip C. Müller, Berchtold C, Christoph Kuemmerli, Ruzza C, Kaspar Z'Graggen, Steinemann D. Spondylodiscitis after minimally invasive recto- and colpo-sacropepy: Report of a case and systematic review of the literature. *Journal of Minimal Access Surgery*. 2018;16(1):5-5. doi:https://doi.org/10.4103/jmas.jmas_235_18
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