

Presacral Tubercular Abscess Case Report and Review of Literature

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Summary: We report a rare case of prevertebral cold abscess from L5 to S2 with multiple skip lesions in a 35 year old female, who presented to us with chronic backache. She was on anti tubercular drug therapies per RNTCP for a period of 9 month

Repeat MRI after 6 month showed resolution of skip lesion in vertebral bodies but pre and para vertebral abscess in the sacral region persisted inspite of AKT. So after 9months of AKT abscess was aspirated and pus sent for culture sensitivity which showed Micobacterium Tuberculosis which was sensitive to isoniazide and rifampicin.

I. Introduction

Tuberculosis of spine is seen in less than 1% of all tuberculous cases. Abscess formation is commonly seen in the lower dorsolumbar region of the spine, its rarely appreciated in the sacral spine (0.03 %) On extensive review of literature we came across very few articles highlighting involvement of sacral spine.

II. Case Report

A 35 year old female presented with history of 1 months of low grade fever with evening rise temperature, mild to moderate backache, loss of appetite and weight. There was no history of loss of sensation or weakness of legs and no bowel bladder involvement. Patient had tenderness on the back over lumbosacral region with a normal neurological examination. Investigations revealed Hb-9.6 G %, TLC- 4.8 x 10⁹ /L, DLC- 48%, L46%, M6%, EO%, BO%, ESR-50 mm 1 hr Wintrobe's). Radiological investigation such as x ray did not reveal any perceptible abnormality.



We further carried an MRI which was suggestive of pre para vertebral hyperdense collection on T2 weighted image over L5-s3 level.

Multiple skip lesions were noted over dorsal and cervical region at C2 D1 L1 and L5 which on gadolinium contrast demonstrated peripheral enhancement in dorsal and cervical spine.



Based on MRI and Clinical finding she was started on Anti Koch's therapy (Isoniazide 5 mg/kg, Rifampicin 10 mg/kg, Ethambutol 15 mg/kg, Pyrazinamide 25 mg/kg) and continued for a period of 9 months. We noted a marked clinical improvement over the period of therapy.

Repeat MRI scan after 6 month of AKT showed resolution of multiple skip lesions and the abscess was persistent in the pre sacral region. After 9 months of AKT as pt was having persistent backache and dragging pain in pelvis so aspiration of the abscess was done under arm guidance and local anaesthesia. Pt was in knee chest position. 25 ml thick yellowish fluid was aspirated further sent for culture and sensitivity. On therapeutic drainage of the abscess the patient experienced relief of backache and dragging pelvic pain. Mycobacteria Tuberculosis was grown on culture after 7days which was sensitive for rifampicin and isoniazid.



III. Discussion

In pott's spine the symptoms are insidious (4 months to 4 years)⁶, with backache, malaise, loss of appetite and weight, night sweats and evening rise of temperature. Spine is stiff and painful on movement with localised tenderness. Lumbar and dorsolumbar spine is most commonly affected.

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