

## Images in Infectious Diseases

# Spondylodiscitis complicated by paraspinal abscess in a 10-year-old child

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A 10-year-old girl presented to our department with a one-month history of back pain and limp. Initially, inflammatory spondyloarthropathy was diagnosed, and anti-inflammatory treatment was prescribed. Given the absence of improvements, the patient underwent magnetic resonance imaging (MRI) of the spine, which revealed morphostructural alterations in the median and parasagittal areas of both L3-L4 intervertebral disk and L3 and L4 vertebral bodies and edema of the same vertebrae. Pathological tissue in the left paravertebral region and iliopsoas, with descending involvement up to L5, were detected. These findings were compatible with spondylodiscitis with associated phlegmon in the left paravertebral area extending to the iliopsoas (**Figure 1**). Therefore, spondylodiscitis with paraspinal abscess was diagnosed<sup>1</sup>. A lumbar corset was prescribed, and treatment with broad-spectrum antibiotics based on intravenous clindamycin and ceftriaxone for three weeks, followed by oral cefditoren and clindamycin for five weeks was prescribed<sup>1</sup>. After treatment, the patient's condition improved. Three months later, a control MRI showed resolution of L3-L4 spondylodiscitis with no vertebral edema and normalization of the previously altered signal and the inflammatory tissue in the left paravertebral area involving the iliopsoas (**Figure 2**). In the orthopedic evaluation, the patient did not present back pain, and the use of a corset was stopped.


Spondylodiscitis is rare in childhood, and its symptoms are nonspecific. It can be misdiagnosed as bone tumors, fractures, or inflammatory arthropaties<sup>2</sup>. Diagnostic delay can provoke complications. Patients with back pain should be investigated to avoid potential diagnostic delays or misdiagnosis<sup>3</sup>.

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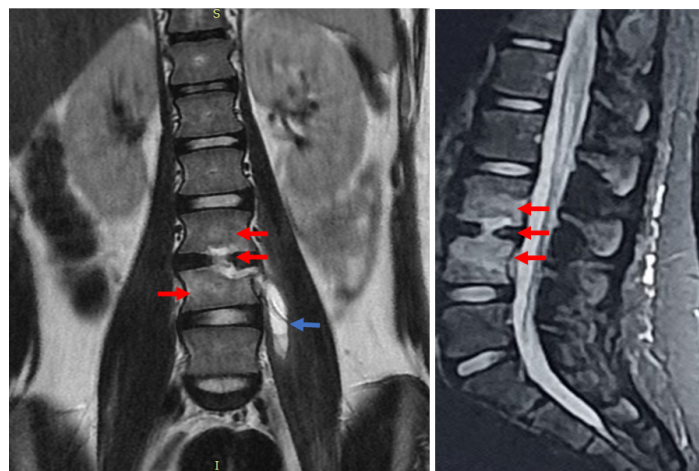
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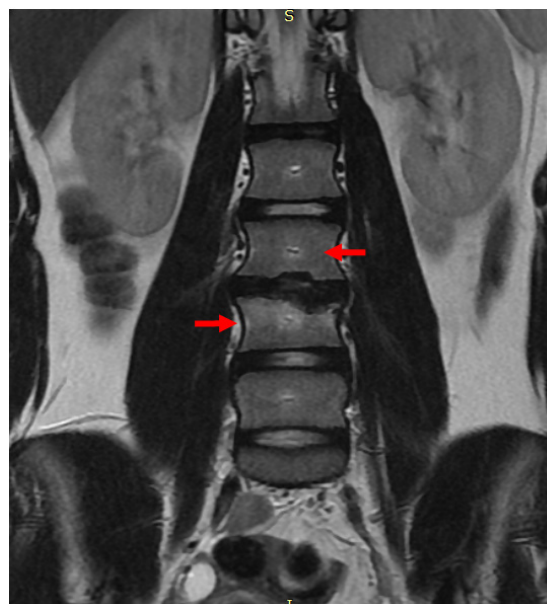
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**FIGURE 1:** Spondylodiscitis with abscess in left paravertebral region extending to iliopsoas.



**FIGURE 2:** Resolution of spondylodiscitis and paravertebral abscess.

### **AUTHORS' CONTRIBUTION**

GMF conceived the paper, involvement in the diagnosis and follow up of patient, analyzed and interpreted the patient data and first writer of paper; DSA and DMN diagnosis and management of patient, analyzed and interpreted the patient data, writer of paper and revision of bibliography. All authors read and approved the final manuscript.

### **CONFLICT OF INTEREST**

The authors declare that there is no conflict of interest.

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## **Erratum**

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