

Spinal Epidural Abscess Successfully Treated with Percutaneous, Computed Tomography-guided, Needle Aspiration and Parenteral Antibiotic Therapy: Case Report and Review of the Literature

陳啓仁

Lyu RK;Chen CJ;Tang LM;Chen ST;

摘要

Abstract

OBJECTIVE AND IMPORTANCE We describe a case of a posterior spinal epidural abscess that was successfully treated with percutaneous, computed tomography-guided, needle aspiration and parenteral antibiotic therapy. **CLINICAL PRESENTATION:** A 48-year-old man experienced acute pain in the paralumbar region for 1 week, followed by gait disturbance and micturition difficulty. Laboratory studies demonstrated leukocytosis and hypoglycemia. Blood cultures yielded *Staphylococcus aureus*. Magnetic resonance imaging scans of the thoracolumbar spine revealed a posterior spinal epidural abscess located between L2 and the lower cervical spine. **INTERVENTION:** The patient's low back pain persisted despite 10 days of antibiotic therapy. Therefore, percutaneous, computed tomography-guided, needle aspiration was performed. The low back pain was relieved dramatically and immediately after the procedure. The spinal epidural abscess completely resolved after 6 weeks of antibiotic treatment. **CONCLUSION:** Surgical decompression and antibiotic therapy are the treatments of choice for patients with spinal epidural abscesses. Selected patients may be treated nonsurgically. Rarely, percutaneous drainage of the abscess has been reported to be helpful. Our case suggests that percutaneous, computed tomography-guided, needle aspiration might be a rational alternative to surgical decompression for treatment of spinal epidural abscesses.