The role of 67Ga in the early detection of spinal epidural abscesses

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摘要

Abstract

In this study, we evaluated the role of 67Ga whole-body and single photon emission tomographic (SPET) imaging in the early diagnosis and lesion localization of spinal epidural abscess before confirmation by gadolinium-enhanced magnetic resonance imaging (MRI). Six patients with fever of unknown origin had a 67Ga whole-body scan, four of whom also underwent SPET imaging. For further confirmation of a spinal epidural abscess, gadolinium-enhanced MRI was performed in all patients. All patients had increased 67Ga uptake in a spinal or paraspinal area on the whole-body scan. They were later confirmed to have a spinal epidural abscess after gadolinium-enhanced MRI. Of these six patients, five underwent surgical drainage plus parenterally administered antibiotics, and had complete or partial recovery. One died before operation due to sepsis. In conclusion, we suggest performing a 67Ga whole-body survey as early as possible in patients with fever of unknown origin, fever and back pain and/or the spinal syndrome, before MRI is performed. If a spinal epidural abscess is strongly suspected, SPET is needed for further confirmation of spinal versus non-spinal and contiguous versus non-contiguous lesion(s). If MRI is unavailable, then 67Ga scintigraphy is a satisfactory method for investigating spinal epidural abscesses