



Late Detection of a Vertebral Fusion Deformity Due to Spinal Tuberculosis

Spinal Tüberküloza Bağlı Geç Tespit Edilen Vertebral Füzyon Deformitesi

Alparslan Bayram Çarlı, Selim Akarsu*, Levent Tekin*, Mehmet Burak Selek**

Bursa Military Hospital, Clinic of Physical Medicine and Rehabilitation, Bursa, Turkey

*Gülhane Military Medical Academy, Haydarpaşa Training Hospital, Department of Physical Medicine and Rehabilitation, İstanbul, Turkey

**Gülhane Military Medical Academy, Haydarpaşa Training Hospital, Department of Microbiology, İstanbul, Turkey

Dear Editor,

A 37-year-old man was seen due to low back pain for the last two weeks. On detailed questioning, he declared that he had been treated for lung TB 16 years ago. Family history was unremarkable. On physical examination, lumbar extension was minimally limited and painful. Straight leg raising test was negative. He did not have any neurological or other joint and systemic findings. Radiologic evaluation showed a fusion deformity between the third and fourth vertebral bodies (Figure 1). But he was unaware of this deformity. There was no abnormality in laboratory tests including erythrocyte sedimentation rate, C-reactive protein and TB tests. Upon we were confident that TB was not reactivated, we prescribed rest, non-steroidal anti-inflammatory drug and myorelaxants. His symptoms resolved completely after 1 week and he was instructed lumbar range of motion and strengthening home exercises.

Tuberculosis (TB) is still a common infectious disease with 95% of cases in developing countries (1). Spinal TB is seen in 3%-5% of the patients and is the most dangerous form of skeletal TB (2). The infection destroys the bone, commonly resulting with kyphosis. Nerve roots may be compressed, sometimes spinal cord or cauda equina compression may lead to paraplegia. It may also occur years after the initial TB infection, with or without reactivation of the infection (1). The cause of spinal TB, mycobacterium tuberculosis, reach the spine by hematogenous way, thus firstly affecting the vertebral bodies (3). The infection destroys the bone, vertebral bodies collapse and it commonly results with kyphosis (1). In the presented case it resulted with a silent vertebral fusion deformity. Most likely, the patient had experienced lung TB and a neglected TB spondylitis at the same time and due to medical treatment his spinal TB limited itself with a vertebral fusion without any symptoms.

Reporting this patient of ours we call attention of clinicians to the spinal TB which is often a neglected diagnosis, also seen in

our case. Additionally, we wanted to highlight once more that detailed questioning of medical history is an important part of physical examination.

Conflict of interest: None.

Key words: Spinal tuberculosis, vertebral fusion, low back pain, anamnesis

Anahtar kelimeler: Spinal tüberküloz, vertebral füzyon, bel ağrısı, anamnez

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Figure 1. Antero-posterior and lateral X ray of the patient's lumbar vertebrae, demonstrating the fusion deformity between the third and fourth vertebral bodies