

PP36

An extraordinary presentaton of pediatric tuberculosis spondylitis: case report

Ibrahim Alatas¹, Serhat Baydın², Huseyin Canaz³, Osman Akdemir⁴, Akin Gokcedag², Erhan Emel⁵, Bulent Ozdemir⁶

¹ *Florance Nightingale Science University, Spina Bifida Research Center, Istanbul, Turkey*

² *Department of Neurosurgery, Kanuni Sultan Süleyman Research and Training Hospital, Istanbul, Turkey*

³ *Department of Neurosurgery, Kahramanmaraş State Hospital, Kahramanmara, Turkey*

⁴ *Department of Neurosurgery, GOP Taksim Research and Training Hospital, Istanbul, Turkey*

⁵ *Department of Neurosurgery, Bakırkoy Mazhar Osman Research and Training Hospital, Istanbul, Turkey*

⁶ *Department of Neurosurgery, Rize Tayyip Erdogan Faculty of Medicine, Rize, Turkey*

Pott's disease is the most common form of skeletal tuberculosis (TB) in developing world and constitutes 1–3% of all cases of TB. Tuberculous spondylitis or Pott's disease results in spinal deformity, mostly kyphosis. Although tuberculous spondylitis is mainly seen in adults, in developing countries with high prevalence of TB, Pott's disease as well as its complications is still reported.

4 year old girl with lumbar pain was consulted us. Blood sedimentation and CRP levels were high. L1 compression fracture was noticed in lumbar MRI. There wasn't any narrowing in the spinal canal or spinal cord compression. Patient was cosulted by pediatric hematology and rheumatology. Hematologic malignities and rheumatologic diseases were eliminated. We performed percutaneous biopsy. No pathogen was isolated in culture solutions. We diagnosed tuberculosis by using PCR. There was no pathological finding in neurological examination. Antituberculosis therapy administration was begun.

The incidence of tuberculosis is increasing in both the developing and the developed countries. The Pott's disease of spine is usually secondary to pulmonary or abdominal TB as 10% of the extra pulmonary TB patients report skeletal involvement and about half of these patients develop infection within the spinal column. But sometimes Pott's disease itself may be the first manifestation of the TB. Surgical treatment is the first choice in the presence of clinicoradiological findings of spinal cord compression or spinal deformity. Otherwise medical treatment must be the first step. Because of there was no clinical or radiological findings of spinal cord compression, we decided to follow up the patient under antituberculosis medication. Currently, treatment of spinal tubercular infections requires a multidisciplinary team that includes infectious diseases experts, neuroradiologists, and spine surgeons.