

PP40

Discitis: a rare differential diagnosis for spinal lesions in young childrenEduardo Jucá¹, Virna Costa e Silva¹, Luciana Barbosa¹, Mayra Medeiros², Rafael Matos²¹ Hospital Infantil Albert Sabin, Fortaleza, Brazil² Centro Universitário Christus, Fortaleza, Brazil

Introduction: Spinal discitis is a very rare condition in young children, being the larger series in literature not greater than 12 cases. It is an inflammatory process of the intervertebral disc, almost always from infectious origin, that often spreads to the adjacent vertebrae and soft tissue. Diagnosis is frequently difficult and delayed due to nonspecific signs and symptoms like fever of unknown origin, pain and refuse to walk. Aim of this work is to discuss clinical presentation, treatment and differential diagnosis.

Methods: Report of an illustrative case and literature review.

Results: A one year old female patient was admitted in October 2012 at a reference hospital in pediatric neurosurgery, presenting low back pain lateralized to the left since one month before admission, restricting spontaneous mobilization and disturbing sleep. There was a progressive bulging at the pain site with edema and hyperemia, following pain aggravation. The mother described 3 episodes of fever in the meantime, associated to hyporexia. There was no amelioration after symptomatic medication prescribed by the community doctor. Physical examination unveiled the presence of axillary lymphonodes bilaterally with elastic consistence and a mass with no defined limits at the lumbar region. The child, that had already started independent gait, was refusing to walk. Spinal lumbar X-rays showed shrinkage of L2-L3 intervertebral space and blurring of the top of L3 and the bottom of L2. The diagnostic hypothesis considered was lymphoma, spinal tuberculosis, histiocytosis and sarcoma. However, lumbar magnetic resonance image (MRI) showed destruction of the discal space and relative preservation of the vertebrae, which lead to the presumable diagnosis of discitis, despite the age of the child. Intravenous antibiotic therapy was instituted for 3 weeks, in association with analgesics and immobilization of the spine with a rigid vest. There was a progressive improvement of the symptoms. By the end of antibiotics the child was able to walk, being discharged from hospital. At last evaluation, three months after admission, she was asymptomatic.

Conclusions: Discitis might be included as a possible diagnosis of spinal lesions in toddlers. Clinical suspicion and typical features on MRI are key points to a correct diagnostic formulation. Despite the unknown etiologic cascade, large spectrum antibiotic therapy and spine immobilization contribute to good clinical results.