OBJECTIVES: To study the clinical, microbiological, radiological, therapeutic and evolving of infectious spondylodiscitis.

METHODS: Retrospective monocentric study including patients diagnosed as spondylodiscitis and hospitalized in our department between January 1999 and December 2018. The diagnosis was based on clinical, biological, radiological and bacteriological data.

RESULTS: We included 107 patients. There were 58 men (54.2%) and 49 women (45.8%) with a mean age of 55 years [16–86]. Predisposing factors were found in 59 patients (55.1%). This was diabetes in 21.4% of cases, history of cancer in 2.8% of cases, hepatic disease in 5.6% of cases, a long-term corticosteroid in 1.8% of cases, recent spinal surgery in 0.93% of cases, visceral surgery in 3.73% of cases, extra-articular history of tuberculosis in 2.8% of cases and consumption of unpasteurized milk in 25.23% of cases.

The approximate time from onset of symptoms to diagnosis was from 0.23 to 24 months (median 3 months). Back pain was the most common symptom. Impaired general condition was observed in 71% of cases, fever in 35.5% of cases and night sweats in 42.9% of cases. Radiculalgia was found in 42.9% of cases. A neurological deficit was noted in 16.82% of cases: motor deficit in 1.8% of cases, spinal cord compression in 1.8% of cases and Cauda equina syndrome in 2.8% of cases. The inflammatory syndrome was found in 90.6% of cases. The lumbar spine was most affected (54.2%), followed by the cervical spine (29.9%) and the dorsal spine (8.4%). The spondylitis was multifocal in 19.6% and multi-stage in 15.8% of cases. Radiographs of the spine were abnormal in 83.1% of cases. CT and Spinal MRI was performed respectively in 60% and 78.8% of cases and showed paravertebral abscess in 63.5%, epiduritis in 54.2%, spinal cord compression in 9.3% and vertebral ostelysis in 8.4% of cases. The causative microorganism was identified in 51 cases (47.66%): brucella in 21 patients, mycobacterium tuberculosis in 16 patient, and pyogenic germs in 12 patients. All of them received initially adapted antibiotics. Surgical treatment was performed in 8 patients. Most of the patients showed good response (71.9%). Disturbance of liver function due to treatment occurred in 8 cases with good subsequent evolution. Neurological complication occurred in 11 cases and sepsis occurred in 4 cases. And 4 patients were dead.

CONCLUSION: The microbiological diagnosis of infectious spondylodiscitis is often difficult to establish and the disease requires prolonged antibiotic treatment. Early diagnosis is needed to avoid neurological complications associated with poorer long-term outcomes.

Disclosure of Interests: None declared