Spine, mechanical musculoskeletal problems, local soft tissue disorders

ANALYSIS OF INFECTIOUS SPONDYLODICTIS: FIVE-YEARS DATA

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Background: Spondylodictis (SD) is an infection of the vertebral body or disc and may also extend to the epidural space, posterior elements, and paraspinal soft tissues. It is a cause of morbidity and mortality. However, the diagnosis is often delayed because of the non-specific clinical features.

Objectives: In this study, we aimed to describe the clinical and diagnostic features of infectious SD.

Methods: We conducted a retrospective study including 40 cases of infectious SD, performed over a period of five years (2014-2019). Epidemiological, clinical characteristics, laboratory results and imaging findings were uniformly collected.

Results: Of the 40 patients, 37.3% were male. The mean age was 53.3 ± 13.9 years (28-83) and the median Charlson Comorbidity Index was 1. Advanced age, tuberculosis and brucellar contagion were the predominant risk factors. The median duration from onset to diagnosis was 41 days [8-300]. Low back pain (LBP) was the most common symptom (98%). Lumbar spine was the most frequent location (71%). Seven patients had contiguous multiple levels (>2 vertebral bodies). Neurologic sequelae (radicular pain, spinal cord compression, neurologic loss) were observed in 15 patients. The median erythrocyte sedimentation rate was 54 mm/1st h [15-223], the median CRP was 26.3 mg/L [7-387]. Leukocytosis (>10,000 WBCs/mm3) was significantly higher in patients with Pyogenes (17.8%) and Gram-negative bacteria (14.2%). One patient had both MT and Staphylococcus haemolyticus. Paravertebral abscess formation (19.6%) occurred most frequently in patients with tuberculous SD (P=0.02). Leucocytosis (>10,000 WBCs/mm3) was significantly higher in patients with Pyogenes SD (p=0.002) than in patients with other types of SD. All patients were treated with antibiotics and only one patient underwent surgical act. The outcome was favourable in 27 cases (86.8%).

Conclusion: Spondylodictis should be considered for all patients presenting with chronic backpain especially when associated with laboratory examination abnormalities. In our study, tuberculous spondylodictis was the most frequent, which highlights the fact that osteoarticular tuberculosis remains endemic in developing countries, where it still constitutes a major public health problem.

Disclosure of Interests: None declared


EFFICACY AND SAFETY OF SODIUM THIOSULFATE IN CALCIFIC TENDINITIS OF THE ROTATOR CUFF – AN INTERIM ANALYSIS OF A RANDOMIZED CLINICAL TRIAL

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Background: Calcific tendinitis of the rotator cuff is one of the most common causes of shoulder pain. (1) Ultrasound guided percutaneous disc biopsy (PDB) was performed in 16 (53.3%) and was conclusive in 11 (31.5%) cases (66.8%). Mycobacterium tuberculosis (MT) was the most common pathogen (46.4%) followed by Brucella (21.4%). Pyogenes (17.8%) and Gram-negative bacteria (14.2%). One patient had both MT and Staphylococcus haemolyticus. Paravertebral abscess formation (19.6%) occurred most frequently in patients with tuberculous SD (P=0.02). Leucocytosis (>10,000 WBCs/mm3) was significantly higher in patients with Pyogenes SD (p=0.002) than in patients with other types of SD. All patients were treated with antibiotics and only one patient underwent surgical act. The outcome was favourable in 27 cases (86.8%).

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Disclosure of Interests: None declared


DEGENERATIVE DISC DISEASE IN YOUNG: IMMUNOHISTOCHEMICAL EXPRESSION OF INFLAMMATORY BIOMARKERS AND ANGIOTENSIVE FACTORS

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Background: Low back pain (BP), associated with the degenerative disc disease (DDD), poses a heavy social and economic burden, emerging among young adults. The pathophysiological basis of accelerated degeneration of the intervertebral disc (IVD) and its contribution to the formation of spine osteoarthriti-s are at the active study stage.

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