STREPTOCOCCUS PNEUMONIAE SPINAL EPIDURAL ABSCESS IN AN HIV POSITIVE PATIENT-A case report

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Introduction

- Streptococcal infections account for nine percent of epidural abscesses.
- The most common presenting symptoms of epidural abscess are fever, back pain, and paralysis.
- Here we present a rare case of Streptococcus pneumoniae spinal epidural abscess.

Case Presentation

- A 51 year old Haitian male with HIV (CD4 percentage of 23% and CD4 count of 310) presented with 7 days of constant, diffuse back pain that radiated down his anterior thighs bilaterally.
- The patient also complained of fever, chills, generalized weakness and numbness with tingling in his lower extremities.
- He denied bowel or bladder incontinence.
- He denied history of recent trauma, recent illness or IV drug abuse.
- The patient was diagnosed with HIV in 2007 and he is non compliant with ART.
- The patient was febrile with a temperature of 101.3°F and tachycardic.
- Physical exam revealed no neurologic deficits. His WBC count was 21,100 mm³ and ESR was 114 mm/hr.
- Blood cultures were positive for streptococcus pneumoniae.
- An MRI of the lumbar region showed a spinal epidural abscess at L4-L5 causing stenosis of the spinal cord and crowding of the cauda equina.

Hospital Course

- The patient was admitted for antibiotic therapy and neurosurgical evaluation.
- The decision was made to treat the patient with medical therapy alone for a minimum duration of 6 months of antibiotic therapy.
- The patient was started on IV Ceftriaxone.
- The patient’s blood cultures were clear of streptococcus pneumoniae several days later and his WBC count began to trend down.
- Repeat MRI was performed 8 days later and continues to show spinal epidural abscess.

Discussion

- Streptococcus pneumoniae is a rare cause of spinal epidural abscess (SEA).
- The most common presenting symptoms of epidural abscess are fever, back pain, and paralysis.
- A delay in treatment can result in irreversible paralysis.
- MRI of the spine is instrumental in diagnosing SEA.
- Treatment consists of antibiotic therapy alone or in conjunction with surgical intervention.
- A high clinical suspicion is necessary to diagnose SEA.

References

Darouiche RO. Spinal Epidural Abscess. NEJM. 2006;355:2012-20