
P-31 Aspergillus revealed by cessation of antibiotics, treatment by removal of spinal implant.

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introduction

In patients with infection and antibiotics previously prescribed, it's often difficult to detect the causative microorganism. In this situation, discontinuation of antibiotics and repetition of culture can be useful for identifying the infectious agent.

case description

A 54-year-old male was referred to us with intermittent fever and weakness in the lower extremities. 9 years before hospitalization, he had left-upper lung resection and chemotherapy for lung cancer. 5 years before, there was suspicion of lung aspergillosis based on imaging findings and he was prescribed itraconazole (ITCZ). He also took clarithromycin (CAM) with chronic bronchitis. 2 years before, he had posterior cervical and lumbar spinal fusion with implant following a car accident. On referral, examination revealed sensorimotor disturbance below spinal level L1, bladder and bowel dysfunction, increased patellar reflex and Babinski's sign. Contrast-enhanced MRI revealed epidural abscess from Th2 to Th6 along the implant. Spinal decompression and drainage was immediately performed, but implant removal could not be achieved for fear of spinal instability. Vancomycin and ceftriaxone as empirical therapy was started and ITCZ and CAM was discontinued. Despite re-operation, all cultures were negative and the disease could not be controlled. For control of the source of infection, we removed the implant carefully. After surgery, aspergillus sp. grew from epidural abscess and we started voriconazole treatment. The patient's condition improved, but the sensorimotor disorder remained.

discussion

There are no other reports of aspergillus epidural abscess with spinal implant infection. Sometimes, previously prescribed antibiotics mask causative microorganisms. By cessation of antibiotics with careful observation and repetition of culture, diagnosis could be made and this rare, difficult case could be treated.