

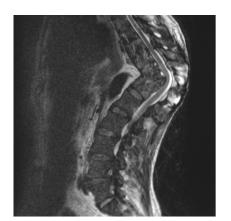
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A rare case of untreated tubercular spondylodisctis

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A 44 years-old Romanian man presented at our Emergency Department with productive cough, fever with chills, profuse sweating, and chronic dorsal pain. He referred previous history of tuberculosis with progressive dorsal *gibbus* deformity treated only with antibiotics several years before in his country. The patient underwent blood tests and chest X-ray that confirmed the suspect of recurrent pulmonary tuberculosis. The physical examination assessed no neurologic deficits. After being isolated, the patient underwent full spine MRI that showed the consequences of previous Pott's disease extended from T8 to T12 vertebral levels. As shown in the figure, D11 vertebral body was



completely collapsed causing a segmental kyphosis with a Cobb Angle of 82,12° and posterior spinal cord tenting with no signal changes. A TC-guided biopsy confirmed the microbiological diagnosis. The patient was treated for the recurrent pulmonary tuberculosis with a combination of antibiotic drugs with complete healing after 40 days of therapy.

The MRI findings show the potential severe deformity associated with Pott disease. The risks associated with a surgical correction of the segmental kyphosis were unacceptable due to the absence of neurological impairment and the relative stability of his deformity.

The severity of dorsal hyperkyphosis shown in figure is a very rare occurrence in industrialized countries and this radiological finding shows the potential consequences of untreated Pott disease.

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