

## **PP142 A YOUNG HUNCHBACK LADY WITH ACUTE PARALYSIS**

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In conclusion, early assessment and diagnosis is crucial to avoid adverse effects and devastating neurological sequelae.

### **INTRODUCTION**

Pott's disease or spinal tuberculosis is a rare medical condition due to haematogenous spread of *Mycobacterium tuberculosis* into the vertebral body. We report a case of a young lady presented with chronic back pain and acute paralysis.

### **CASE REPORT**

A 23-year-old lady, with no medical illness, presented with bilateral lower limb weakness for two days and history of chronic back pain and swelling for one year. She has no history of trauma, fever or contact with tuberculosis patients. On examination, her vital signs were stable. There was a kyphotic gibbus deformity with tenderness over upper thoracic area. Power of bilateral lower limbs were 2/5 with reduced sensation from L2 and below and positive upper motor neuron lesion signs. Thoracic radiography revealed T2/T3 end plate erosion. Chest radiography was normal. MRI spine showed pyogenic spondylodiscitis of T2/T3. Raised in ESR made the provisional diagnosis of Pott's disease. Patient was started with anti-tuberculous drugs and underwent decompression of T2/T3 with posterior instrumentation. Patient was discharged well with resolving symptoms one month later.

### **DISCUSSION & CONCLUSION**

Acute paralysis may be related to chronic condition. Chronic back pain with red flag symptoms warrants advance imaging. Skeletal tuberculosis occurs in 10% to 35% of extra-pulmonary manifestations in which Pott's disease is the commonest form. Lower thoracic and upper lumbar region are the common sites for Pott's disease. Kyphosis is one of the visible signs that can be detected due to progressive bone destruction and vertebral collapse leading to characteristic angulation and gibbus. The spinal cord is at risk of compression resulting in paralysis. The diagnosis of Pott's disease is frequently delayed as a result of its subacute course.