

A YOUNG HUNCKBACK LADY WITH ACUTE PARALYSIS

Muhammad Azfar Ruslan, Meera Attiyah Mohd Tahir, Ahmad Syahmi Yahya,
Mohmad Aswad Mohamd Amin, Kamarul Aryffin Baharuddin

Department of Emergency Medicine, School of Medical Sciences, Universiti Sains Malaysia Health Campus,
Kota Bharu, Kelantan, Malaysia

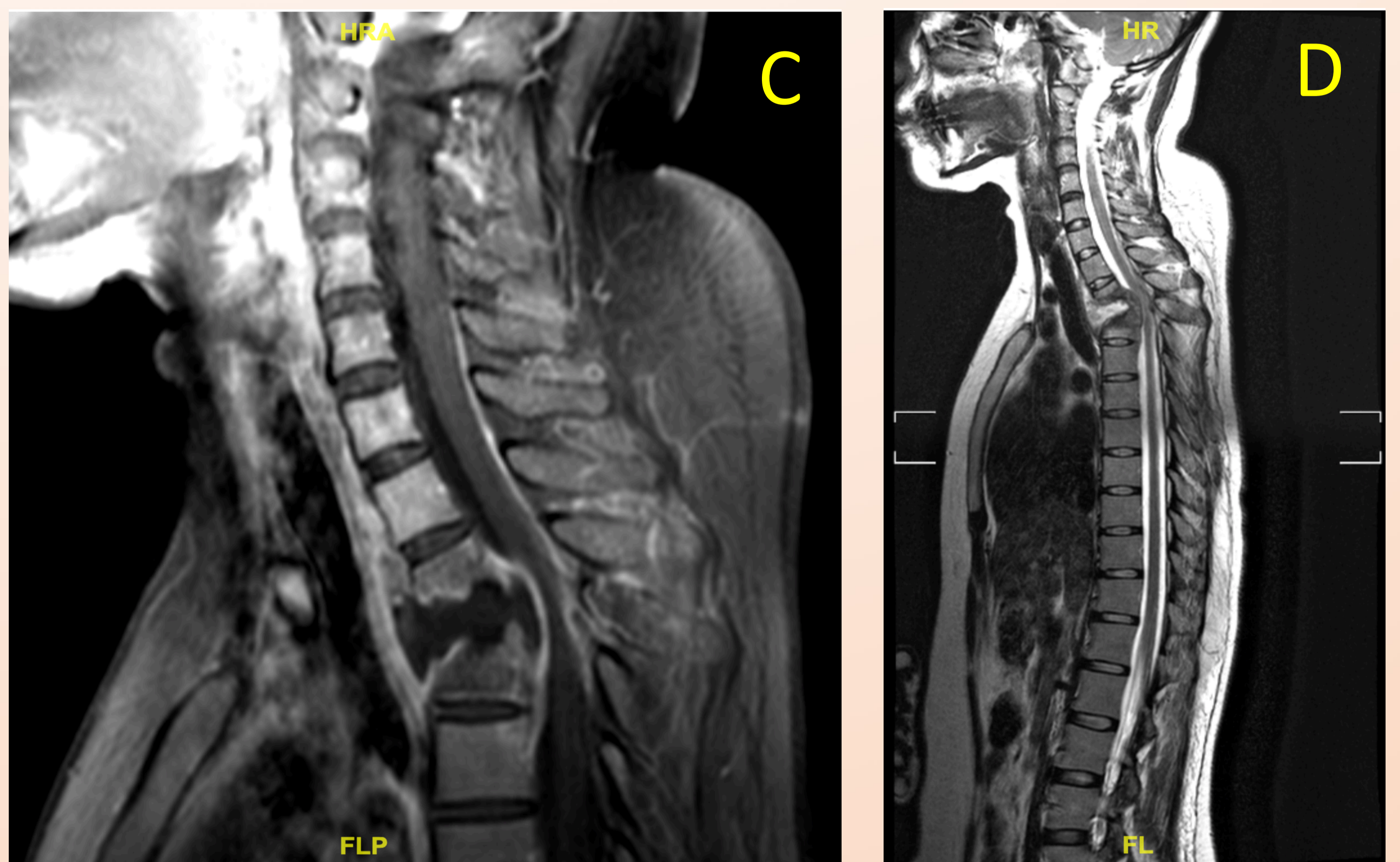
INTRODUCTION

Pott's disease or spinal tuberculosis is a rare debilitating medical condition due to hematogenous spread of *Mycobacterium tuberculosis* into the vertebral body. Skeletal TB occurs in 10% of extrapulmonary manifestations, of which spinal TB accounts for approximately 50% and most commonly affecting thoracic spine. It may cause significant morbidity if not treated early. 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 kyphosis and T2/T3 end plate erosion. Chest radiography however was normal. Urgent MRI spine showed well defined lesion at T2/T3 which posteriorly bulges into spinal cord. Raised in ESR made the provisional diagnosis of Pott's disease. She was started with anti-tuberculous drugs and underwent decompression of T2/T3 with posterior instrumentation. Postoperatively she regained her neurological function and was discharged well one month later with rehabilitation therapy.

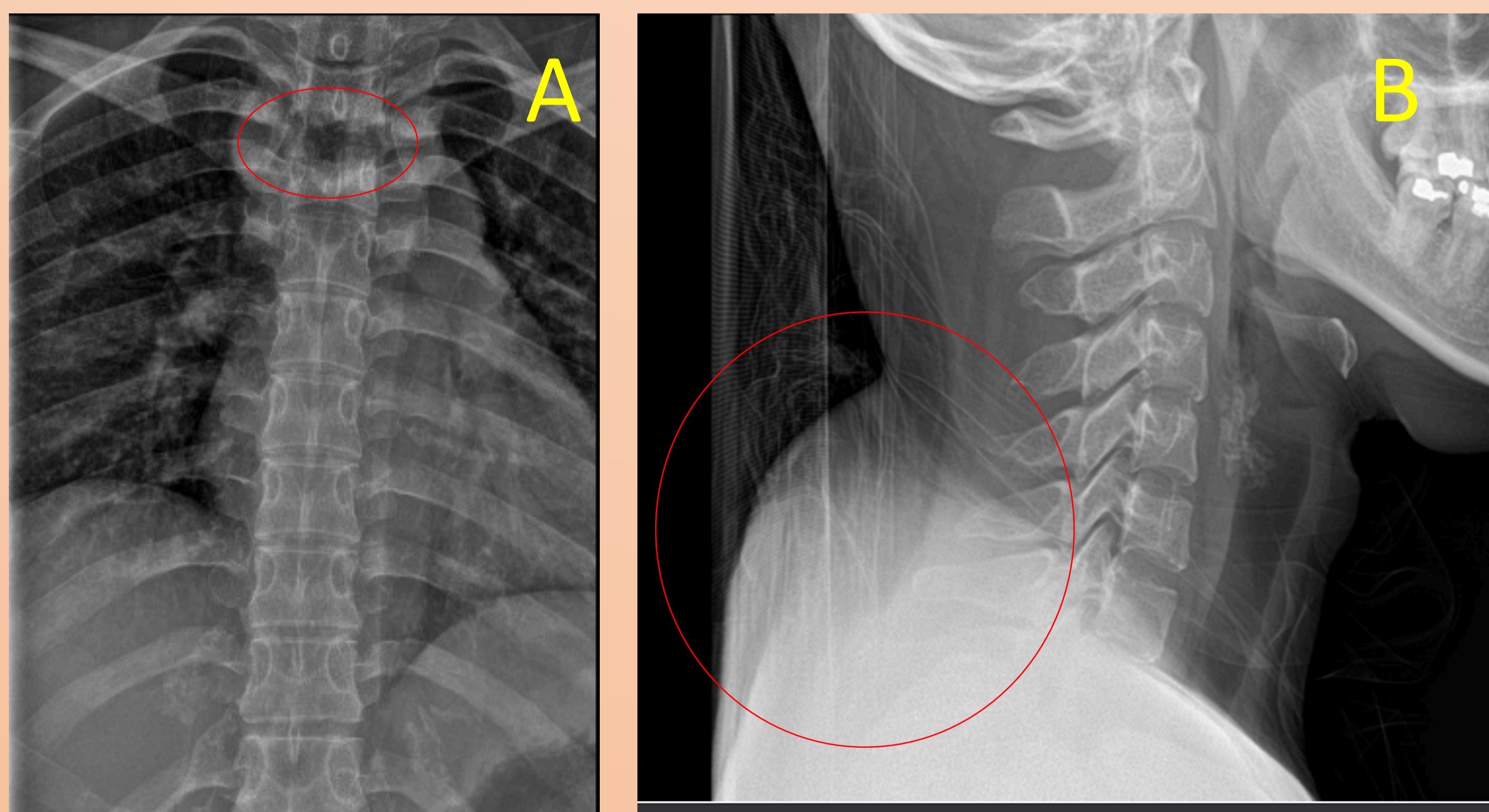


B : MRI Thoracic Spine at T1 sequence shows destruction of inferior endplate of T2 and superior end plate of T3 associated with its reduced vertebral body height. C : MRI at T2 sequence shows well defined lesion at T2/T3 intervertebral disc space which is hyperintense on T2, which posteriorly bulges into spinal cord, causing significant narrowing of the spinal canal and cord edema

DISCUSSION AND 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. Advance imaging in ED however is difficult to arrange due to time-consuming, Therefore, early assessment and diagnosis is crucial to avoid adverse effects and devastating neurological sequelae.



A : Thoracic spine AP view shows vertebral body destruction of T3. B: Lateral cervical plain film shows hunchback hump due to long standing kyphosis.

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