

INFECTIONS OF THE SPINE

Pyogenic infections

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Pyogenic vertebral osteomyelitis is primarily a lesion of the disc and its osseous margins. The most common method by which an organism spreads to the spine is via the haematogenous route. The disc is nearly always involved in pyogenic vertebral infection. In contrast, granulomatous infection, such as tuber culosis, typically does not involve the disc space. Friedrich Daniel von Recklinghausen , 1833–1910, Professor of Pathology , Strasbourg, France, described generalised neurofibromatosis in 1882. Karl Lisch , 1907–1999, ophthalmologist, Wörgl, Austria. Friedrich Theodor Schwann , 1810–1882, Professor of Anatomy successively at Louvain (1839–1848) and Liège, Belgium (1849–1880). Hans Christian Joachim Gram , 1853–1938, Professor of Pharmacology (1891–1900) and of Medicine (1900–1923), Copenhagen, Denmark, described this method of staining bacteria in 1884. Theodor Escherich , 1857–1911, Professor of Paediatrics, Vienna, Austria, discovered the advancing age, intravenous drug abuse, diabetes, renal failure, recent infections and trauma. Staphylococcus aureus accounts for 30–55% of the infections. Gram-negative organisms such as Escherichia coli, Pseudomonas species and Proteus species are associated with recent genitourinary infections and intravenous drug abuse. Anaerobic infections are uncommon, but may be seen in diabetic patients and after penetrating trauma. If there is a failure of medical management (persistent pain, elevated erythrocyte sedimentation rate, C-reactive protein), operative interventions that should be considered are shown in Table 37.11 .

TABLE 37.11 Operative interventions in pyogenic infections that should be used from a surgical perspective. Open biopsy (when a closed biopsy has failed) Drainage of abscesses Decompression of spinal cord compression Correction of progressive spinal deformity Stabilisation of progressive spinal instability

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