"Images in medicine. Diskitis."

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Images in medicine

Diskitis

A 70-year-old man was admitted to the hospital because of lumbar pain and sweats. Thirty years earlier, he had had a spine trauma resulting in vesical sphincter dysfunction necessitating intermittent urethral catheterization. Six months before entry, he was treated for septicemia secondary to a urethrotomy for stricture. During the current hospitalisation, his temperature rose to 38°C and blood cultures yielded colonies of Streptococcus milleri. Magnetic resonance imaging of the lumbar spine showed decreased T1-weighted signals of L2 and L3 vertebral bodies (figure, A) but an increased T2-weighted signal of the intervertebral disk (figure, B). These images, reflecting an increase in water content, were consistent with a diagnosis of diskitis. Needle biopsy of the disk confirmed the presence of S milleri. Pathophysiology can be explained by the previous septicemia and/or the urinary tract manipulation, making possible a spread of the infection through Batson’s plexus, a peri-vertebral valveless system in communication with pelvic veins.

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