62-year-old male presenting with several week history abdominal pain

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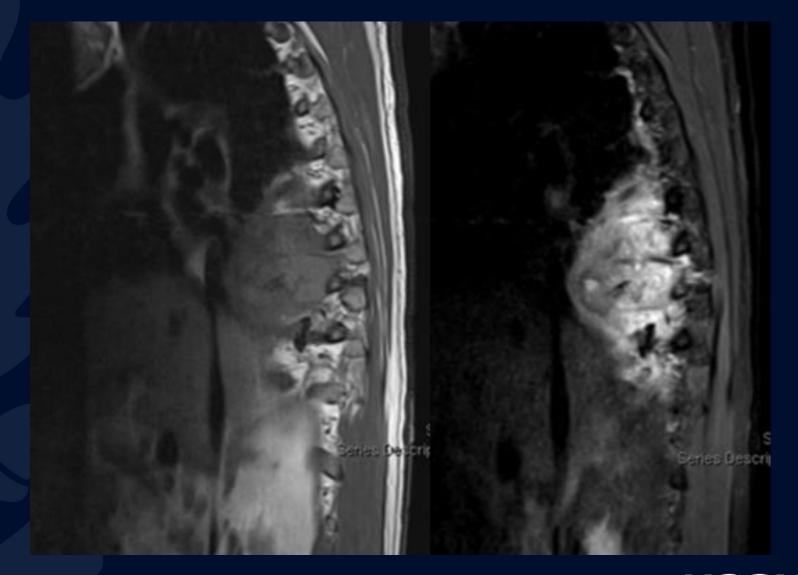


CT IV Contrast





T1 T2













Spondylodiscitis with Epidural Abscess



CT IV Contrast

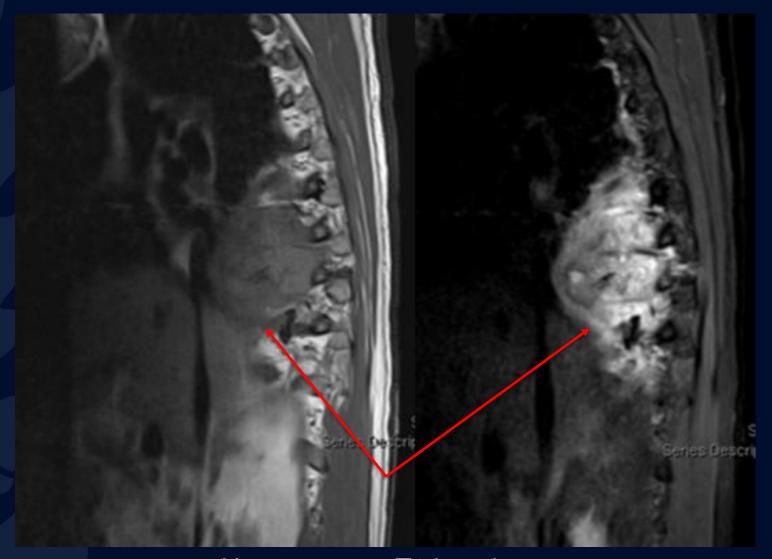


Endplate changes

Paraspinal mass adjacent to T8 and T9 vertebrae

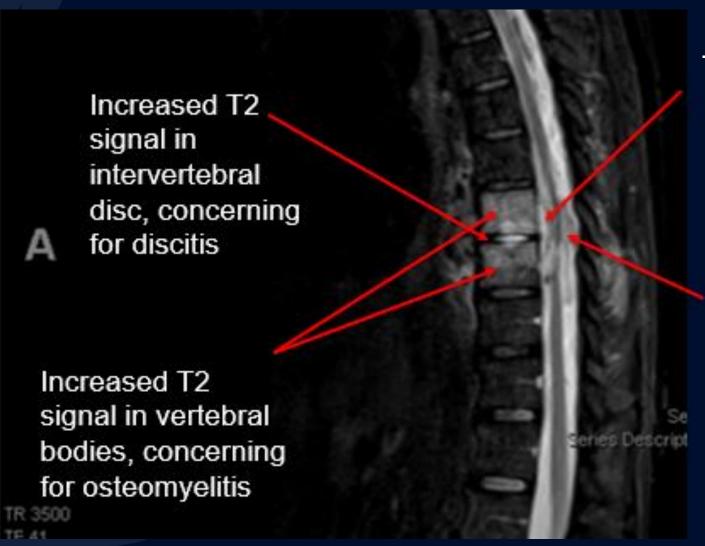


T1 T2



Heterogenous T1 hypointense, T2 hyperintense lesion in the thoracic paraspinal tissues





T2 hyperintense fluid collection

Cord compression due to mass effect from abscess



Spondylodiscitis with Epidural Abscess

- Typically presents with back pain +/- fever, focal spinal tenderness, elevated ESR, CRP and WBC
- Bimodal age distribution
 - In children, infection is thought to arise from hematogenous seeding to the intervertebral disc itself, which is still vascularized in children
 - In adults, infection is thought to arise from hematogenous seeding of vertebral endplate and spreads to contiguous vertebral bodies. In 15-20% of cases, infection spreads to the epidural space resulting in epidural abscess
- Risk factors include remote infection, instrumentation, IV drug use, immunosuppression, long term steroid use, diabetes
- Often misdiagnosed as degenerative changes



Imaging Findings

CT

- Disc space narrowing and irregularity, ill defined vertebral endplates; bone sclerosis in chronic stage
- Intervertebral disc enhancement with contrast, fluid collections, surrounding soft tissue swelling

MR

- T1: Low signal in disc space and adjacent endplates
- T2: High signal in disc space, adjacent endplates, paravertebral soft tissues, psoas muscle (psoas sign)
- T1+C: Enhancement of endplates, paravertebral soft tissues, periphery of fluid collection (abscess)

RADIOLOGY

DWI: Hyperintense in acute stage, hypointense in chronic stage.

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