

Letter to the Editor

Long standing healed tubercular kyphosis and overlying skin infection with localized collection: an underreported complication

Sir,

The sequelae of healed post-tubercular spine infection often results in ankylosed and fused vertebrae producing kyphosis of varied presentation.¹ The natural bony ankylosis thus helps stabilization of the diseased segment while the infection heals and is the end result of a successful treatment. The complications related to the residual deformity depend on the site, magnitude and associated degree of damage during the course of disease. Apart from biomechanical disadvantage and cosmetic problem many complication related to healed kyphosis are reported like late onset paraplegia, costopelvic impingement, compromised pulmonary function and lumbar canal stenosis.² Out of many reported kyphosis related complications, the one with overlying skin involvement is underreported. We present a case snippet of one such example of friction related soft tissue irritation and collection overlying the site of a kyphosis. A 60 year old female presented to us with complaints of localized pain, warmth and redness over her lower back region for two weeks. On inspection a huge localized kyphosis was seen located at lumbar level which corresponded to a history of tubercular infection diagnosed and treated with pharmacotherapy 20 years back. There was local rise of temperature, tenderness and induration present around the apex of the kyphotic deformity. The patient, however, had no problem with the deformity including the neurovascular ones and was well adapted to it as she performed activities of daily living. The radiograph of affected spine revealed the kyphoscoliotic deformity with fusion of multiple lumbar vertebrae. MRI of the affected region showed severe kyphosis with fusion of L1 to L4 vertebrae and an overlying posterior subcutaneous soft tissue, having hyperintense signal on T2 weighted sequence. The collection was not having any connection with spinal canal and corresponding to the region of clinical complaints. A short course of broad spectrum oral antibiotic was started to which patient responded well. Avoidance of direct pressure over the deformity and use of padded cushions were advised as preventive measures. As there was no clinical problem to the patient presently, future follow up regarding any complication was advised.

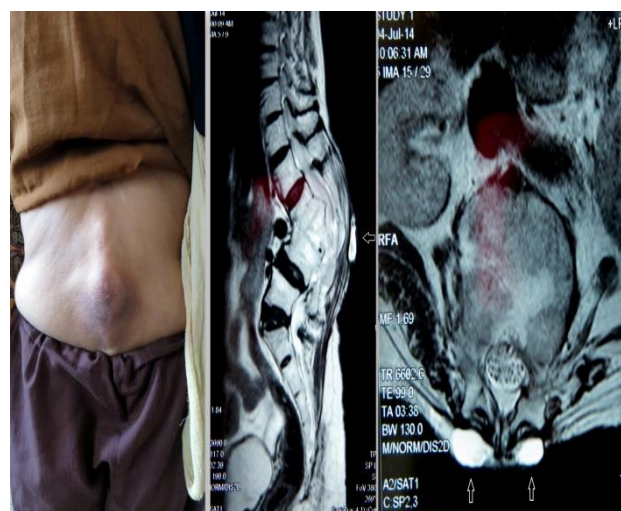


Figure 1: The clinical picture of superficial soft tissue complication over kyphotic deformity (Left), the MRI revealing the hyperintense collection, denoted by arrow, over apex of deformity (middle) and finally the collection in transverse plane indicated by arrows (right).

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