TITLE: CERVICAL SPONDYLODISCITIS SECONDARY TO NEGLECTED ESOPHAGEAL PERFORATION, DO WE ALWAYS NEED TO DEBRIDE? A CASE REPORT.

Background: We present a case of a 75-year old male who underwent an esophageal dilation procedure developing afterwards a spondylodiscitis with epidural abscess due to a neglected esophageal perforation. Cervical spondylodiscitis and epidural abscess are extremely rare complications of esophageal dilations.

Research question: Is it mandatory to perform an anterior debridement in cases of cervical spondylodiscitis, in selected cases of soft tissue problems limiting anterior approaches and with identified microorganism?

Design and methods: Case report.

Results: A patient with a history of larynx carcinoma treated with laryngectomy and radiotherapy 30 years earlier, with the consequent deterioration of soft tissues of the anterior neck and progressive esophagus stricture secondary to the treatment, leading to multiple esophageal dilations. The patient consulted for neck stiffness, pain and fever, 4 weeks after the last esophageal dilation. At initial examination, he presented neck stiffness and weakness to wrist and elbow extension (M:3/5). Lumbar puncture evidenced hypoglycorrhachia of 3mg/dL and elevated protein count (883mg/dL). Blood cultures were positive for Peptostreptococcus. Successful treatment without debridement was achieved, performing a posterior fixation associated with antibiotic therapy for 8 weeks (ceftriaxone/clindamycin/levofloxacin intravenously for the first two weeks). Avoiding an unapproachable anterior neck. At 8 years´ follow up the patient maintained strength gained after treatment, with no sign of an infectious process.

Discussion: Spondylodiscitis and epidural abscess may be treated in selected cases, using a posterior approach without debridement, in association to specific antibiotic therapy.