Pott's Disease of the cervical spine: a case report of a rare tubercular localization

Introduction: Tuberculosis of the central nervous system accounts for approximately 1% of all cases of tuberculosis, among which 50% involve the spine. Lumbar and thoracic spines are the most frequent localization of this infection .

Material and Methods: Here we report a rare case of cervical localization of tuberculosis, and proceed through a review of the literature into radiological and therapeutic discussion of this disease.

Results: We report the case of a 19 years-old female patient with no pathological history. She reports cervical pain since 2 months resistant to medication. Neurological examination didn't show any motor or sensitive deficit, or any abnormalities in reflexes. Standard Radiography and cervical CT scan showed a lytic lesion of C2 with an evident compression on the spinal cord. The MRI confirmed the diagnosis showing a complete destruction associated to an epiduritis at the level of C1 and C2. A surgical biopsy was realized, and pathological examination concluded to a tubercular localization of the cervical spine. The patient was reoperated. An osteosynthesis of the cervical Spine performed, followed by 12 months of anti tuberculosis treatment with a good outcome. After 3 years of clinical and radiological follow up, the patient had neither recurrence of the pain, nor neurological signs. Imaging showed a total disappear of the lytic lesions.

Conclusions:

Prognosis for cervical pott's disease has been improved by early diagnosis and rapid intervention. A high degree of clinical suspicion is required if patients present with chronic pain, even in the absence of neurologic symptoms and signs. Medical treatment is generally effective. Surgical intervention is necessary in cases with marked bony involvement, abscess formation, or neurological deficit.