Non Tuberculous Infection of the Cervical Spine

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I am overwhelmed with the fantastic lesions that occur in cervical spine of the people of Indian race, something we never see. I have not seen TB spine in the last 30 years. This is new and surprising to me. My experience with the infections of the cervical spine is meager. I will enumerate a few cases of non tubercular infections here. Spine can be infected by primary route or contamination secondarily.

First case I had was following an anterior interbody fusion. Post operative X-rays showed large prevertebral shadow and not long after the bone graft collapsed with an angulation of the spine and neck pain. He has wound infection and bone graft was contaminated. this is not life threatening. I did a bone graft in an infected field when it is indicated. I removed the isthimus of bone between two anterior fusion bone grafts leaving only a small line of bone exposing the dura. All the infected bone and granulation tissue was cleared until healthy bone was obtained. Bone graft was put in between the vertebral bodies and fixed with wire. He was given antibiotics. Wound stopped draining by 4 days and healed completely. 5 months later graft had completely taken up. This only shows and gives experience that even if there is infection in the wound it is perfectly safe to take out the bone graft and clear all infected tissues and put in a new bone graft in the same sitting under the cover of antibiotics. In all these cases where it was done it had healed with primary intention.

Second category of infection is contamination of cervical disc by discography. In one of the cases discography needle went through oesophagus and contaminated the space. Patient developed high fever. More than one needle should never be put at a time anteriorly. It is difficult to displace the oesophagus if tried simultaneously at two places. This space was filled with pus and margins of vertebrae showed osteopmyelities. Disc space was cleared, all the infected bone was removed and a graft was placed. Patient went without any complication.

Another variety is blood borne infection in a drug addict (heroin). He had an automobile accident and sustained a neck injury. Initial X-rays were technically very poor and passed off as normal. Two months later she came back with tingling, numbness and pain. Repeated X-ray showed dislocation of C 4-5. He has a whip lash injury with haematoma which was missed initially. There was a localised osteomyelitis leading to severe angulation, resulting in neurological deficit. Here there are two problems

(1) Infected lesion

(2) angulation of the spine.

He was operated posteriorly first - cleared all the scar tissue from healed ligaments and mobilized the joint. Then he was put on skull traction to straighten the angulation. Then the infected bone was removed and graft was inserted anteriorly. It healed rapidly and had a very good fusion