

DISCITIS OSTEOMYELITIS PATHOPHYSIOLOGY AND DIFFERENT MANAGEMENT

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Discitis accounts for nearly 2.2 of 100,000 populations and its presence is an indicator for immunocompromisation, as its risk factors includes diabetes mellitus, IV drug abuse and hemodialysis. As disc nutrition is through diffusion from end plates. So once you diagnose discitis you have to search for immunocompromized agent asking for lab is mandatory to manage medically is the best choice, unless there is refractory pain or neurological deficits, following up of patient by erythrocyte sedimentation rate (ESR), C-reactive protein (CRP) first sign of improvement is decrease of CRP it occurs in two weeks. In acute stage of inflammation surgical intervention is not recommended but in chronic stage you can manage it surgically. Discitis is a serious problem which may cause death and it's a vicious circle as risk factors are immunocompromization and results are more compromising

most probably septicaemia or viraemia is the cause of death. Most appropriate antibiotics should be selected for 3-6 months; intradiscal injection of antibiotics may decrease postoperative discitis as proved by meta-analysis. How discitis happen, risk factors, medical treatment, surgical, what to choose when you choose.

Biography

Sameh Elmorsy Hassan has an experience in Neurosurgery for nine years in educational hospitals, currently pursuing his MD of Neurosurgery in Cairo University. He has completed his MSc in Neurosurgery. He is a Member of ESA, SPINE, Member of ESNS a lot of conferences about Neurosurgery and Spine Administrator of Egyptian and World Neurosurgeons Community on telegram

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