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Titel des Beitrags:
A retrospective study of 113 consecutive cases of surgically treated spondylodiscitis patients. A single-center experience.

Abstract:
Recommendations for the operative treatment of spondylodiscitis are still a controversial issue. A retrospective review identified 113 consecutive patients who underwent surgical debridement and instrumentation for spondylodiscitis between 2006 and 2010 at our department. The mean age at presentation was 65 years; 78 patients were male (69%). Distribution of the inflammation was lumbar in 68 (60%), thoracic in 19 (17%) and cervical in 20 (18%) cases. Six patients (5%) had two concomitant non-contiguous spondylodiscitis foci in different segments of the spine. Epidural abscess was found in 33 patients (29%). One hundred four patients (92%) had pain. Neurological deficit was found in 40 patients (35%). In the thoracic and lumbar cases, dorsal instrumentation alone was considered sufficient in 26 cases; additional interbody fusion from the posterior was performed in 44 cases. A 360° instrumentation was performed in 22 cases. In the cervical cases, only ventral spondylodesis and plating were performed in eight cases, only dorsal instrumentation in five and 360° instrumentation in seven. Postoperative intravenous antibiotics were administered for 14.4 ± 9.3 (mean ± SD) days followed by 3.2 ± 0.8 (mean ± SD) months of oral antibiosis. Complete healing of the inflammation was achieved in 111 (98...
Two patients died because of septic shock, both with fulminant endocarditis. Pain resolved in all cases. Neurological deficits were completely resolved in 20 patients, and 14 patients had a partial recovery. The results of our retrospective study show that surgical treatment of spondylodiscitis with a staged surgical approach (if needed) and a short 1-2-week period of intravenous antibiotics followed by 3 months of oral antibiotics is appropriate for most patients in whom conservative treatment has failed or is not advisable. Furthermore, surgical treatment of newly diagnosed spondylodiscitis might be recommended as an initial treatment option in many cases. Thereby the choice of fusion material (autologous bone, titanium, PEEK) seems less important.