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Spinal cord compression secondary to epidural abscess: The importance of prompt diagnosis and management Study and measurement of the thermal and structural properties of silicate materials (SiO₂)

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A 66-year-old woman presented with a four day history of fever, lethargy, neck and lower back pain. Neurological examination revealed nuchal stiffness and mild quadriparesis. In view of this, MRI of the whole spine with contrast was performed and showed extensive spinal epidural abscess extending from the cervical to lumbar region causing compression of the thecal sac, spinal cord and nerves. The patient received multiple laminectomies to decompress the spinal cord and required a prolonged course of intravenous flucloxacillin as *Staphylococcus aureus* was cultured from three sets of blood cultures. Although spinal epidural abscess is rare, it is important for clinicians to have a high index of suspicion; so appropriate imaging is performed to determine the diagnosis. Patient age, degree of thecal sac compression and duration of symptoms are all independently associated with poor outcome.