

Intradural Abscesses in A child with Lumbar Dermal Sinus

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Submission date: 30-Jun-2020 11:54AM (UTC+0800)

Submission ID: 1351634425

File name: 2._Intradural_Abscess_Central_European_Journal.pdf (135.39K)

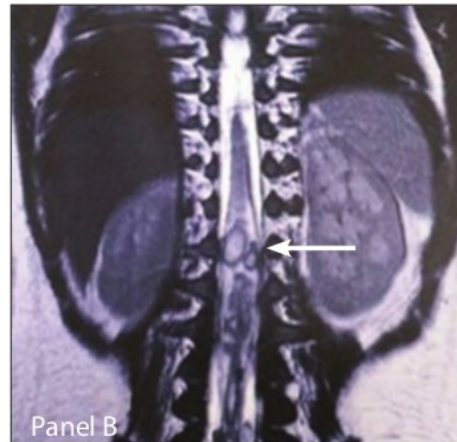
Word count: 491

Character count: 2747

INTRADURAL ABSCESSES IN A CHILD WITH LUMBAR DERMAL SINUS

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⁷ A 2-year-old boy was presented with acute lower extremity weakness, prolonged fever, and an infected lumbar dermal sinus tract (Panel A). Neurological examination revealed paraparesis and sensory deficit appropriate from L5 to S1 dermatome. Laboratory examination revealed a raised leukocyte (white blood cells instead) count and high CRP level. The culture of the infected dermal sinus tract identified *Acinetobacter baumannii*. Lumbosacral MRI showed spina bifida and spinal canal abnormalities at L5-S1 level, dermal sinus tract at L5-S1 level and intradural abscess

formation from the cauda equina to L5-S1 level, accompanied by vascular engorgement at the proximal part of the abscess (Panel B). Lumbar decompressive surgery was performed and the abscess was evacuated. Intravenous ceftriaxone and metronidazole were administered for 8 weeks according to the culture report. There was no microorganism identified following the treatment. The fever subsided and the boy was discharged with neurological sequelae. Spinal intradural abscess is extremely rare and few cases have been reported (1). It is more commonly seen in adults. It has been attributed to the absence of sinuses in the spine, the width of

² the epidural space acting as a filter, as well as the centripetal pattern of blood flow. In children, intradural infection is more commonly caused by pre-existing congenital anomalies in the spinal column; however, hematogenous spread may occur from various sources (2). Spinal cord neoplasm is considered as a differential diagnosis. Surgery and antibiotics are the mainstay of treatment.

Key words: Intradural abscess ■ Children ■ Lumbar dermal sinus.

Authors' contributions: Conception and design: PIG, DP and WS; Acquisition, analysis and interpretation of data: PIG, DP and WS; Drafting the article: PIG, DP and WS; Revising it critically for important intellectual content: PIG, DP and WS; Approved final version of the manuscript: PIG, DP and WS.

¹ **Conflict of interest:** The authors declare that they have no conflict of interest.

Received: March 4, 2017; **Accepted:** April 16, 2017

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