

# Candida albicans spondylodiscitis

Candida albicans spondylodiscitis is a fungal infection of the spine which is still unusual in spite of the increasing frequency of predisposing factors.

C albicans lumbosacral osteomyelitis and discitis is a rare but serious complication after sacral colpopexy that can result in significant morbidity <sup>1)</sup>.

## Case reports

### 2014

A 22-year-old man received an abdominal stab wound during a physical assault. Initial medical care included surgery, prolonged use of indwelling vascular catheters with administration of broad-spectrum antibiotics, and hospitalization in intensive care. Two months after the event, the victim experienced back pain in the right lumbar region and septic spondylodiscitis secondary to *C. albicans* was diagnosed three weeks later. This case is noteworthy because of its clinical forensic context. In France, the public prosecutor orders a medico-legal assessment after an assault for all living victims in order to establish a causal relationship between the assault and its complications. In our case, the patient presented numerous risk factors for candidemia and the forensic specialist reasonably accepted that the causal relationship was certain but indirect. We have only found one published case of spondylodiscitis after an abdominal penetrating injury and the pathogenic agent was not mentioned. We have found no case reported in a forensic context. This unusual observation shows that it may be genuinely difficult to prove the causal relationship between an abdominal penetrating injury and an unusual infectious complication such as fungal spondylodiscitis <sup>2)</sup>.

### 2013

A case of *Candida albicans* lumbar spondylodiscitis in a patient with intravenous drug use. This patient was treated with surgical debridement and 9 months of fluconazole therapy, and the neurological deficits resolved completely. The infection did not recur clinically or radiologically during 9 months of follow-up.

Although *Candida albicans* lumbar spondylodiscitis is rare, *Candida* should be suspected as a causative pathogen in patients with intravenous drug use except for *Staphylococcus aureus*, *Pseudomonas aeruginosa*, and *Mycobacterium tuberculosis*. As soon as *Candida albicans* lumbar spondylodiscitis is suspected, magnetic resonance imaging and percutaneous biopsy should be performed. Surgical intervention combined with treatment with antifungal medications can successfully eradicate the infection and resolve the neurological deficits <sup>3)</sup>.

### 2012

*Candida albicans* diskitis after body piercing in an immunocompetent patient <sup>4)</sup>.

Successful treatment of azole-resistant *Candida* spondylodiscitis with high-dose caspofungin

monotherapy<sup>5)</sup>.

## 2010

Successful treatment of Candida discitis with 5-flucytosine and fluconazole<sup>6)</sup>.

1)

Grimes CL, Tan-Kim J, Garfin SR, Nager CW. Sacral colpopexy followed by refractory Candida albicans osteomyelitis and discitis requiring extensive spinal surgery. Obstet Gynecol. 2012 Aug;120(2 Pt 2):464-8. doi: 10.1097/AOG.0b013e318256989e. PubMed PMID: 22825267.

2)

Savall F, Dedouit F, Telmon N, Rougé D. Candida albicans spondylodiscitis following an abdominal stab wound: forensic considerations. J Forensic Leg Med. 2014 Mar;23:1-3. doi: 10.1016/j.jflm.2013.12.027. Epub 2014 Jan 4. PubMed PMID: 24661694.

3)

Chen CH, Chen WL, Yen HC. Candida albicans lumbar spondylodiscitis in an intravenous drug user: a case report. BMC Res Notes. 2013 Dec 11;6:529. doi: 10.1186/1756-0500-6-529. PubMed PMID: 24325945; PubMed Central PMCID: PMC3878824.

4)

Darrieutort-Laffite C, Lassalle C, Chouet-Girard F, Perez L, Dernis E. Candida albicans diskitis after body piercing in an immunocompetent patient. Joint Bone Spine. 2013 Mar;80(2):226-7. doi: 10.1016/j.jbspin.2012.07.013. Epub 2012 Sep 19. PubMed PMID: 22999901.

5)

Kelesidis T, Tsiodras S. Successful treatment of azole-resistant Candida spondylodiscitis with high-dose caspofungin monotherapy. Rheumatol Int. 2012 Sep;32(9):2957-8. doi: 10.1007/s00296-011-2121-6. Epub 2011 Sep 3. Erratum in: Rheumatol Int. 2013 Feb;33(2):547. Theodoros, Kelesidis [corrected to Kelesidis, Theodoros]; Sotirios, Tsiodras [corrected to Tsiodras, Sotirios]. PubMed PMID: 21892653.

6)

Rachapalli SM, Malaiya R, Mohd TA, Hughes RA. Successful treatment of Candida discitis with 5-flucytosine and fluconazole. Rheumatol Int. 2010 Sep;30(11):1543-4. doi: 10.1007/s00296-009-1215-x. Epub 2009 Oct 27. PubMed PMID: 19859714.

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