

Postoperative discitis after instrumentation and interbody fusion

In the Carmouche series ¹⁾ of [postoperative discitis](#) after [instrumentation](#) and [interbody fusion](#) with an [epidural abscess](#), the patient underwent two procedures to eradicate the [infection](#), the first was surgical [debridement](#) and [epidural abscess](#) drainage and because of the worsening clinical symptoms, underwent repeat debridement and the removal of his [interbody cage](#) and [pedicle screw instrumentation](#) four months after index surgery. At ten-month follow-up, the posterolateral [arthrodesis](#) was healed and his [back pain](#) had improved compared to preoperative levels.

Kulkarni et al. ²⁾ reported a case of [adjacent level](#) discitis after [anterior cervical discectomy and fusion](#). The patient underwent surgical treatment with debridement, irrigation, and removal of hardware, and reconstruction of infected level by tricortical iliac crest autograft; the cages were left intact. He had IV antibiotic treatment for three weeks and oral medication for three weeks. The neurological recovery was complete and at eight-month-follow-up the fusions were sound.

¹⁾

Carmouche JJ, Molinari RW. Epidural abscess and discitis complicating instrumented posterior lumbar interbody fusion: a case report. Spine (Phila Pa 1976). 2004 Dec 1;29(23):E542-6. doi: 10.1097/01.brs.0000146802.38753.38. PMID: 15564903.

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Kulkarni AG, Hee HT. Adjacent level discitis after anterior cervical discectomy and fusion (ACDF): a case report. Eur Spine J. 2006 Oct;15 Suppl 5(Suppl 5):559-63. doi: 10.1007/s00586-005-0003-x. Epub 2005 Dec 7. PMID: 16333681; PMCID: PMC1602186.

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