

Postoperative spondylodiscitis

see [Spondylodiscitis after lumbar microdiscectomy](#).

see [Postoperative discitis after instrumentation and interbody fusion](#)

Epidemiology

Incidence after [lumbar discectomy](#) ¹⁾ : 0.2–4% (realistic estimate is probably at the lower end of this range). May also occur after [LP](#), [myelogram](#), cervical laminectomy, lumbar sympathectomy, [discography](#), [fusions](#) (with or without [instrumentation](#)) and other procedures. Very rare after [ACDF](#). Risk factors include advanced age, obesity, immunosuppression, systemic infection at the time of surgery.

Outcome

[Postoperative discitis outcome](#)

Primary [infection](#) of the [nucleus pulposus](#) with secondary involvement of cartilaginous endplate and vertebral body following [lumbar discectomy](#) ²⁾.

Postoperative [discitis](#) was first described as a clinical entity by Giesecking in 1951 ³⁾.

It is controversial whether discitis can be caused by an aseptic or infectious process and positive cultures may be obtained only in 42–73% of patients. ^{4) 5)}.

Fungal postoperative spondylodiscitis

see [Fungal postoperative spondylodiscitis](#)

Diagnosis

see [Spondylodiscitis diagnosis](#)

Treatment

[Postoperative spondylodiscitis treatment](#).

Prophylaxis

A study concluded that different techniques used for lumbar microdiscectomy revealed that standard microsurgical technique with usage of antiseptic irrigation for the disc space and usage of separate disc instruments had lesser incidence of spondylodiscitis in comparison with standard microdiscectomy. The overall incidence of postoperative discitis remains less in our series. So far, to our knowledge, this report involves the largest number of patients studied to determine the incidence of discitis in patients undergoing lumbar microdiscectomy ⁶⁾.

Antibiotics given for a long time of 4-6 months.

Outcome

The majority do well with conservative treatment. Surgical management in the form of transpedicular fixation and debridement, when required, gives excellent results ⁷⁾.

Case series

Postoperative spondylodiscitis case series.

1)

Iversen E, Nielsen VAH, Hansen LG. Prognosis in Postoperative Discitis. A Retrospective Study of 111 Cases. Acta Orthop Scand. 1992; 63:305-309

2)

Rohde V, Meyer B, Schaller C, Hassler WE. Spondylodiscitis after lumbar discectomy. Incidence and a proposal for prophylaxis. Spine (Phila Pa 1976) 1998;23:615-20.

3)

Giesecking H. Lokalisierte Spondylitis nach operiertem Bandscheibenvorfall. Zentralbl Chir 1951; 21: 1470-7.

4)

Onik G. Automated percutaneous biopsy in the diagnosis and treatment of infectious discitis. Neurosurg Clin N Am. 1996;7:145-50.

5)

Sharma SK, Jones JO, Zeballos PP, Irwin SA, Martin TW. The prevention of discitis during discography. Spine J. 2009;9:936-43.

6)

Kaliaperumal C, Kuechler D, Kaar G, Marks C, O'Sullivan M. Does surgical technique affect the incidence of spondylodiscitis post-lumbar microdiscectomy? A retrospective analysis of 3063 patients. Spine (Phila Pa 1976). 2013 Feb 15;38(4):364-7. doi: 10.1097/BRS.0b013e318278ec06. PubMed PMID: 23080429.

7)

Basu S, Ghosh JD, Malik FH, Tikoo A. Postoperative discitis following single-level lumbar discectomy: Our experience of 17 cases. Indian J Orthop. 2012 Jul;46(4):427-33. doi: 10.4103/0019-5413.98831. PubMed PMID: 22912518; PubMed Central PMCID: PMC3421933.

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