## Spinal epidural abscess differential diagnosis

Spinal epidural abscess should be considered in any patient with backache, fever, and spine tenderness, <sup>1)</sup> especially diabetics, IV drug abusers or immunocompromised patients.

- 1. meningitis
- 2. acute transverse myelitis (paralysis is usually more rapid, radiographic studies are normal)
- 3. intervertebral disc herniation
- 4. spinal cord tumors. Consider malignancy in the differential diagnosis, and carefully examine surgical specimens in revision surgery <sup>2)</sup>.
- 5. post-op SEA may appear similar to pseudomeningocele 3).

Langerhans cell histiocytosis (LCH) could be considered as a possible diagnosis when a patient presents with features of infectious spondylitis with vertebral involvement <sup>4)</sup>.

A case of a 21-year-old woman presenting with quadriplegia which was initially diagnosed with an epidural abscess in view of her MR scan and raised inflammatory marker levels. Histology revealed an epidural extra-osseous Ewing's sarcoma (EES). Epidural location of EES is a very rare condition which can be very challenging to diagnose. Early diagnosis and surgical excision followed by chemotherapy represent the main stem of management <sup>5)</sup>.

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