

Spinal epidural abscess risk factors

● major risk factors: [diabetes](#), [intravenous drug abuse](#), [chronic renal failure](#), [alcoholism](#)

Chronic diseases associated with compromised immunity were identified in 65% of 40 cases ¹⁾.

Associated conditions included diabetes mellitus (32%), IV drug abuse (18%), chronic renal failure (12%), alcoholism (10%), and the following in only 1 or 2 patients: cancer, recurrent UTI, Pott's disease, and positivity for HIV. Chronic steroid use and recent spinal procedure or trauma (e.g. GSW) are also risk factors ²⁾. Skin infection (e.g. furuncle).

From 2000-2013, there were 20,425 admissions with a principal diagnosis of SEA (95% CI, 19,281-21,568); 19.1% were associated with IDU (95% CI, 17.7%-20.5%). The proportion of white IDU-SEA cases increased by 2.4 percentage points annually (95% CI, 1.4-3.4). After adjusting for age, gender, and race, IDU-SEA patients stayed a mean of 6.7 more days in the hospital (95% CI, 5.1-8.2) and were 4.8 times more likely to leave against medical advice (95% CI, 2.9-8.0). Mean hospital charges for IDU-SEA patients were \$31,603 higher (95% CI: \$20,721-\$42,485). Patients with IDU-SEA were less likely to have cauda equina syndrome (adjusted odds ratio, 0.48, 95% CI, 0.26-0.87).

IDU-SEA patients stay in the hospital longer and more often leave against medical advice. Providers and hospitals may benefit from exploring how to better facilitate completion of inpatient treatment and achieve superior outcomes ³⁾

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²⁾
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³⁾
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