

Delphi consensus studies

The de novo non-specific spinal infection managements (**spondylodiscitis** - SD) remains inconsistent due to varying clinical practices and a lack of high-level **evidence**, particularly regarding the indications for surgery.

Research question: This study aimed to develop **consensus recommendations** for **spondylodiscitis diagnosis** and **spondylodiscitis management**, addressing diagnostic modalities, surgical indications, and **spondylodiscitis treatment** strategies.

A **Delphi** process was conducted with 26 **experts** from the **European Association of Neurosurgical Societies (EANS)**. Sixtytwo statements were developed on diagnostic workup, management decisions, surgical techniques, non-surgical treatment, and follow-up and submitted to the panel of experts.

Consensus was reached on 38 of 62 statements. **MRI** was confirmed as the gold standard for diagnosis. Regarding surgical indications, the panel agreed that any new neurological deficit, even subtle, warrants surgical consideration. **Motor deficits** with a motor score (MRC) below 4 and **bladder** or **bowel dysfunction** were unanimously considered clear indications for surgery. For **spinal deformity** and **instability**, thresholds such as **kyphosis** >20°, **scoliosis** >10°, and vertebral body **collapse** >50% were established to guide surgical **decision-making**. **Minimally invasive surgery** (MIS) was endorsed whenever feasible, and a 12 week **antibiotic** treatment regimen was favored in cases of complicated infections.

This EANS consensus provides updated **recommendations** for **spondylodiscitis management**, incorporating recent **evidence** on improved outcomes with surgical therapy. While these **guidelines** offer a more structured approach to clinical decision-making, further research is required to optimize surgical timing and validate the long-term impact of these treatment strategies ¹⁾.

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