

Spinal Infection Treatment Evaluation score

Scores >12:

These scores generally indicate a more severe spinal infection. A high SITE score often correlates with factors such as abscess formation, significant vertebral body destruction, or pronounced symptoms. Surgical intervention is usually considered necessary in these cases to address structural instability, decompress neural elements, and provide better access for infection control. Scores ≤ 12 :

Lower scores suggest less severe disease and are often amenable to conservative treatment. Management typically involves: Prolonged courses of intravenous and/or oral antibiotics. Close clinical and radiological monitoring to ensure resolution of the infection. Exceptions include: Presence of neurological deficits due to compression (e.g., epidural abscess). Spinal instability or significant deformity. Lack of improvement with medical therapy. This stratification helps tailor treatment strategies and improves decision-making, emphasizing the need for a thorough clinical evaluation in conjunction with the SITE score.

The Spinal Infection Treatment Evaluation score

Variable	Score
Neurology	
Acute plegia or bladder/bowel dysfunction	Surgery
Motor dysfunction	1
Sensory dysfunction	2
Neurologically intact	3
Location	
Junctional (occiput–C2, C7–T2, T11–L1, L5–S1)	1
Mobile (C3–6, L2–4)	2
Semirigid (T3–10)	3
Rigid (S2–5)	4
Radiology	
Spinal canal stenosis with impingement of central neural elements with or without de novo deformity	1
Segmental angulation or translation with de novo deformity/foraminal stenosis or erosion of vertebral body on CT >50% or PL involvement on both sides	2
Visible endplate erosion on CT or edema of vertebral body >50% on MRI or intervertebral disc involvement on MRI or PL involvement on 1 side	3
None of these radiological findings	5
Pain	
Standing axial pain or inability to ambulate	0
Other pain with the ability to ambulate	1
No pain	2
Host comorbidities	
Intravenous drug abuse or diabetes mellitus	0
Other comorbidities or no comorbidities	1

CT, computed tomography; MRI, magnetic resonance imaging; PL, posterior ligament.

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Last update: **2025/01/25 15:53**

