

Streptococcus epidural spinal abscess

Group B streptococcal [spinal epidural abscess](#) is rarely reported, even though there is increasing recognition of the correlation between group B streptococcal infections and [diabetes](#).

Chung et al report the case of a diabetic woman with lumbar [epidural abscess](#) and [vertebral osteomyelitis](#) caused by group B [Streptococcus](#). Owing to the main manifestations of [fever](#), [pyuria](#) and [low back pain](#), which originally led us to suspect acute [pyelonephritis](#), empirical antibiotics were applied. When the symptoms and signs persisted, other focal infections were considered. Magnetic resonance imaging led to the correct diagnosis. Group B Streptococcus was isolated from the blood but not from the abscess itself, probably due to the prior antibiotic treatment. The patient recovered well after surgical debridement followed by prolonged intravenous penicillin therapy. Therefore, despite the potential for fatality, our results suggest that epidural abscess can be successfully treated with surgery and antibiotic therapy provided that it is detected early enough ¹⁾.

¹⁾

Chung SY, Chen CH, Yu WL. Spinal epidural abscess caused by group B Streptococcus in a diabetic woman presenting with febrile low back pain. Jpn J Infect Dis. 2005 Jun;58(3):177-9. PubMed PMID: 15973012.

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