Pott’s Spine – A Rarity in Nonagenarian
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Introduction
- Pott disease or Pott’s disease is a form of tuberculosis that occurs in the vertebrae.
- It constitutes about 50% of all cases of tuberculosis of bones and joints.
- Pott’s disease results from haematogenous spread of tuberculosis from other sites, often the lungs.

Case History
- A 95yr/M Mr. Mahadev brought by relatives with history of:
  - Low backache since 8 months
  - Claudication of 5 months
  - Paresis of Rt. Lower Limb since 2 months
- K/C/O Pulmonary TB and was on Anti Tubercular Treatment for 8 months

On Examination
- On admission Pt. was afebrile having pulse of 92 beats/min, BP of 150/80 mm of Hg, RBS 135 mg/dl
- On systemic examination, chest was clear with bilateral air entry, heart sounds was normal without any murmur, abdomen was soft and non tender.
- On local examination of lower back, range of movement was restricted and painful, deep pulses were present, Step Sign was seen, Crepitation were felt

Reports

<table>
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<tr>
<th>Parameter</th>
<th>Value</th>
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<tbody>
<tr>
<td>Hb</td>
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<td>TLC</td>
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<td>Plt</td>
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<td>Cl</td>
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<td>HbA1c</td>
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- X ray L/S Spine AP & Lat.
  - Blocked L2-L3 vertebra
  - Osteophytic lipping seen
  - Ant. Wedging at D11 vertebra

- MRI Dorsal spine with whole spine screening
  - Bony ankylosis with fusion of D10 & D11
  - 6 x2.4cm & 4 x1.7cm para-spinal abscess
  - D10-D11 vertebral body level with epidural extrusion of abscess with cord compression
  - Mild cervical canal stenosis
  - L1-L2 disc : moderate annular bulge with bilateral L1 exiting nerve root compression
  - L4-L5 disc : moderate annular bulge with L4 exiting nerve root compression with post central
Treatment

- T. Etodolac+Thiocolchicoside 400/4mg BD
- T. Ranitidine 150 mg BD
- T. Rifampin 450 mg OD
- T. Isoniazid 300 mg OD
- T. Ethambutol 800 mg OD
- T. Pyrazinamide OD
- T. Pyridoxine 20 mg OD
- Patient showed improvement on this treatment and discharged on same medication and is awaited for follow up.

Discussion

- The disease is named after Percivall Pott (1714–1788), a British surgeon.
- The lower thoracic and upper lumbar vertebrae are the areas of the spine most often affected.
- The infection spreads from two adjacent vertebrae into the adjoining intervertebral disc space.
- If only one vertebra is affected, the disc is normal, but if two are involved, the disc, which is avascular, cannot receive nutrients and collapses.
- In a process called caseous necrosis the disc tissue dies leading to vertebral narrowing and eventually to vertebral collapse and spinal damage.
- A dry soft tissue mass often forms and superinfection is rare.
- It is rare in elderly age group as most patients are in age group 41-54 years as shown in various studies.
- There is also not much literatures present on treatment of Pott’s spine in this elderly age group.
- Therefore, to conclude we need studies that highlight a different treatment route for elderly patients other than surgery and to avoid polypharmacy.

Conclusion

- We present this case to highlight its rarity in elderly age group as most cases are seen between 41 to 54 years.
- Also to suggest that the use of Anti Tubercular Treatment can be more useful in elderly as compared to decompression surgeries and abscess drainage who are unlikely to be suitable candidates for same.

Acknowledgement

- Dr. T K Biswas (HOD Geriatrics)
- Dr. Alfven Vieira (HOD Orthopaedics)

References

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4. Textbook of Geriatric Medicine By Pratap Sanchetee