

Case Report: A Novel Case of Suspected Pott's Disease without Neurogenic Compromise in a 67-year-old HIV/AIDS

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Case Description

A 67-year-old HIV (CD4 384cells/mm³) positive male with latent tuberculosis presented to a primary care clinic with lower back pain after a fall. After lumbar x-rays revealed chronic degenerative changes including scoliosis and multilevel degenerative disc disease, the patient was diagnosed with a lumbar muscle strain and referred to physical therapy. However, the patient returned to the clinic with ongoing lower back pain approximately 1-year later. A lumbar spine CT was obtained and revealed extensive discitis/osteomyelitis. After prompt admission to the hospital, a lumbar spine MRI additionally demonstrated a T11-12 epidural phlegmon and an L2-3 epidural abscess resulting in severe spinal canal narrowing and cauda equina crowding. An extensive infectious workup including tuberculosis serological testing and a percutaneously obtained vertebral biopsy was unremarkable and the patient was discharged. After being readmitted 2 weeks later for acutely worsening low back pain, an open vertebral biopsy was also unremarkable and the patient was then started on empiric treatment for tuberculosis for a presumed diagnosis of Pott's disease. From initial presentation to the diagnosis of Pott's disease, the patient never manifested any signs or symptoms of neurogenic compromise including lower extremity weakness, sensory impairments, bowel or bladder dysfunction, or gait imbalance.



Image 1: Initial MRI findings 02/12/2020, approximately 1 month after initial presentation for back pain (left). MRI findings 08/20/22/2021 approximately 7 months after initial presentation and 6 months after initial imaging (middle and right).



Conclusions

In immunocompromised patients, especially those with HIV/AIDS, we should maintain a high index of suspicion for infectious etiologies and a low threshold for collecting advanced imaging, even in the absence of typical signs of infection.

