

## **PS2.037**

### **Different type of sciatica**

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**Background and Aim:** A 34 year-old man, from Mali, attends the general practitioner for lumbar pain that irradiates in the right leg for over a week, that doesn't improve with analgesics. Medical history: he receives a quadruple treatment with isoniazid, ethambutol, pyrazinamide and rifampicin for a tuberculous pneumonia diagnosed around 4 weeks before. Clinical examination: presents fever and refers pain in the lumbar L2-L3 vertebrae and the paravertebral muscles, which radiates in the right gluteus and reaches to the right knee. Lassegue and Bragard maneuvers are positive in the right leg.

**Method:** Lumbar x-ray: narrowing of the intervertebral space in the lumbar region, with lytic lesions of the vertebral bodies of the lumbar vertebrae Nuclear magnetic resonance: Spondylodiscitis from D12-S1 vertebrae with severe vertebral destruction, intraosseous abscess, lytic bone lesions in the right sacrum, S3 vertebral body and left iliac bone.

**Results:** Diagnosis: Vertebral tuberculosis - Mal de Pott Differential diagnosis: Myelodysplastic syndrome, Lumbago Evolution: the patient was remitted to the Orthopedic department so that the vertebral column may be stabilized.

**Conclusions:** The vertebral tuberculosis is a form of tuberculosis that affects the spinal vertebrae. Usually the primary infection takes place in the lungs and reaches other sites due to the haematogenous spread. It realizes a destruction of the vertebral body and can lead to vertebral collapse and spinal damage. Sometimes due to the extended bone damage, a surgical treatment is necessary to stabilize the spinal column. The antituberculous therapy must be initiated as soon as possible.