



**KARNATAKA RADIOLOGY EDUCATION PROGRAM**

## **CASE PRESENTATION**

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25Years / M

**Chief complaint-** Pain in the back since 20 days

- Swelling in the back since 20 days( insidious onset, gradually progressive, aggravates on bending forward, relieves on medication)
- Inability to move all limbs since 20 days
- No history of fever/ trauma/ any other complaints

**O/E:**

Patient is conscious & oriented

**Vitals:**

- PR 82bpm
- BP 110/70mm Hg
- spo2 97 at room air
- E4 V5 M6

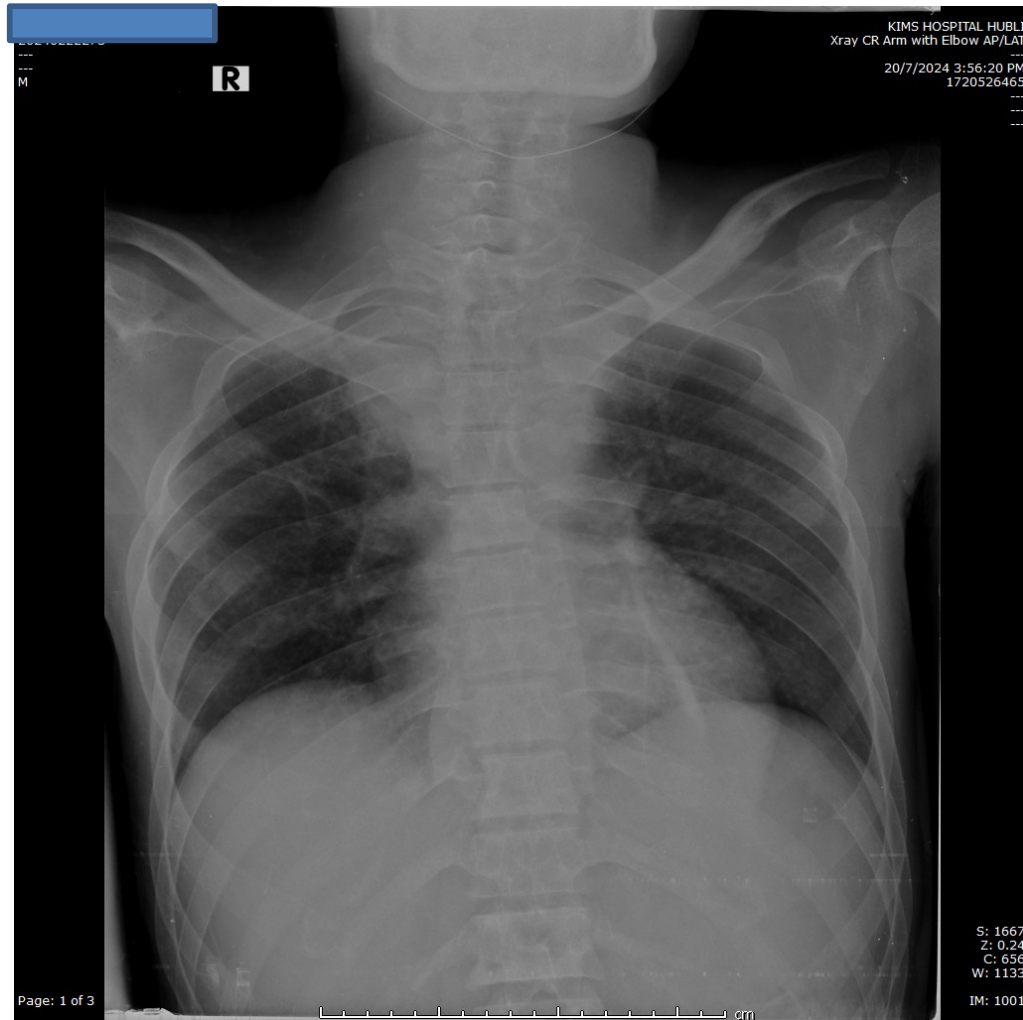
-No previous surgeries

-Nil comorbidities

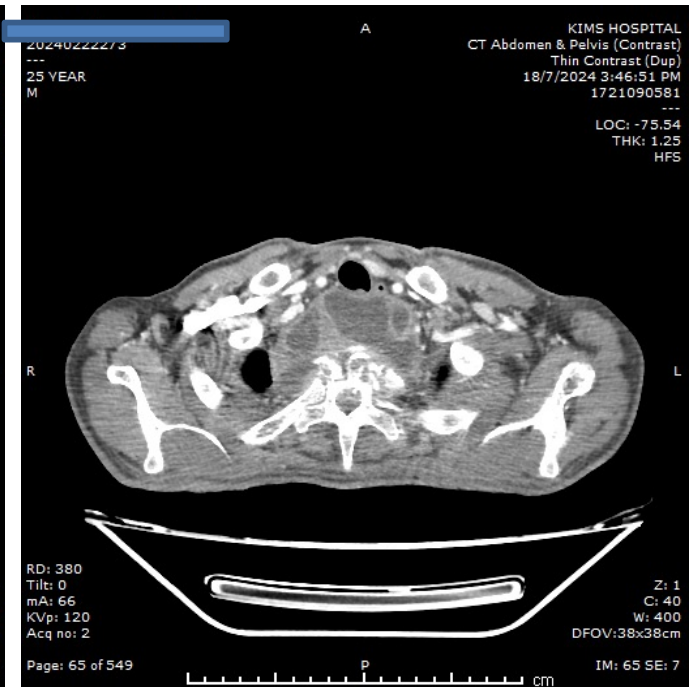
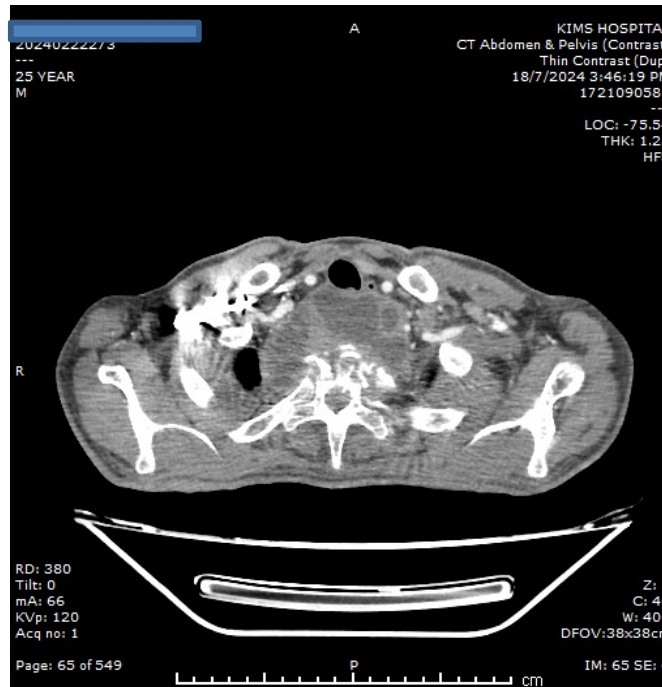
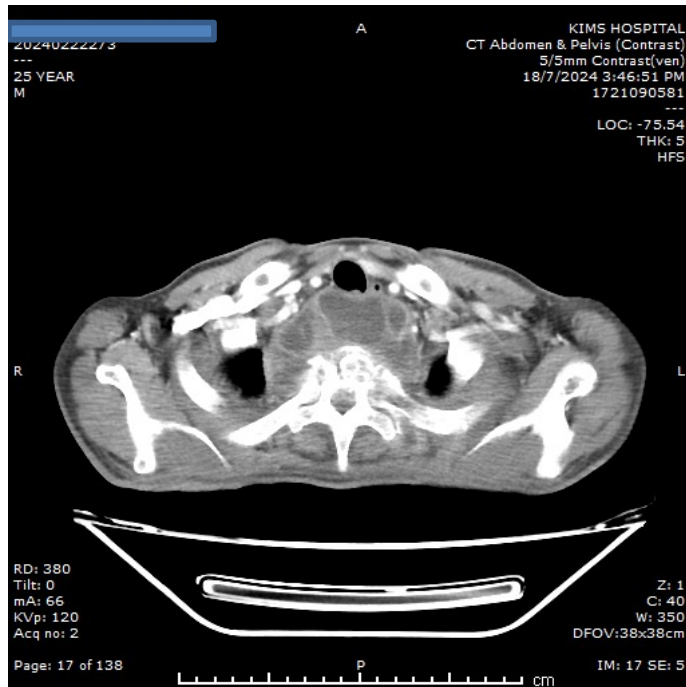
## **On examination:**

- 3 x 3 cm swelling in the upper back
- 2 x 2 cm swelling in the upper sternum with purulent discharge +
- No local rise of temperature
- No tenderness

# PLAIN RADIOGRAPH



## COMPUTED TOMOGRAPHY THORAX (AXIAL)



PLAIN

ARTERIAL

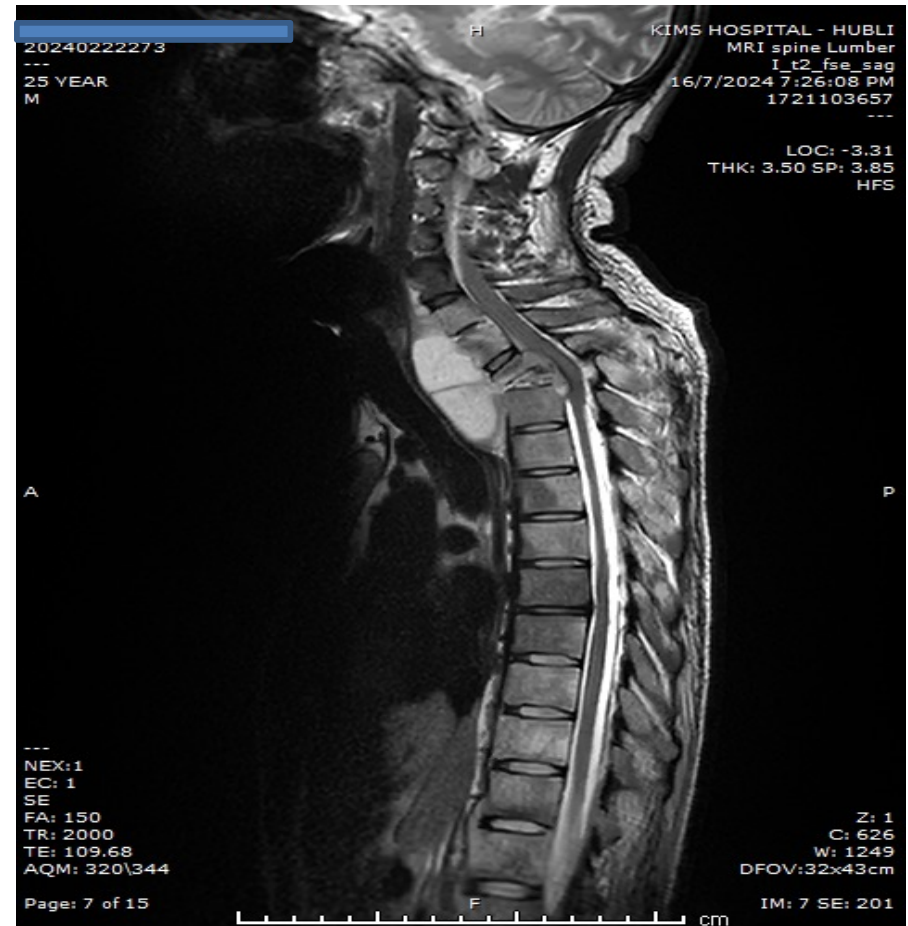
VENOUS

**Lytic destruction of D1, D2 vertebral bodies and intervening disc with peripherally enhancing and multiseptate thick collection in the prevertebral region C6 to D4 level and heterogeneously enhancing anterior epidural soft tissue component at D6-D3 level**

# MRI-Cervical Spine

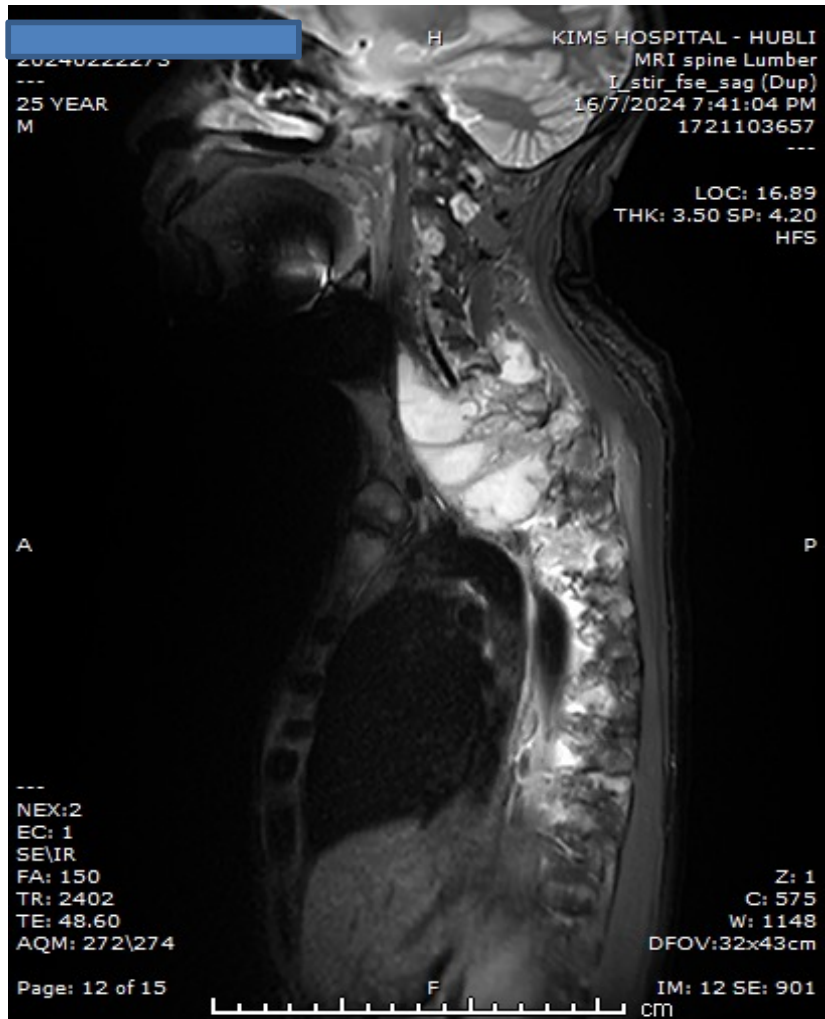


T1 sagittal

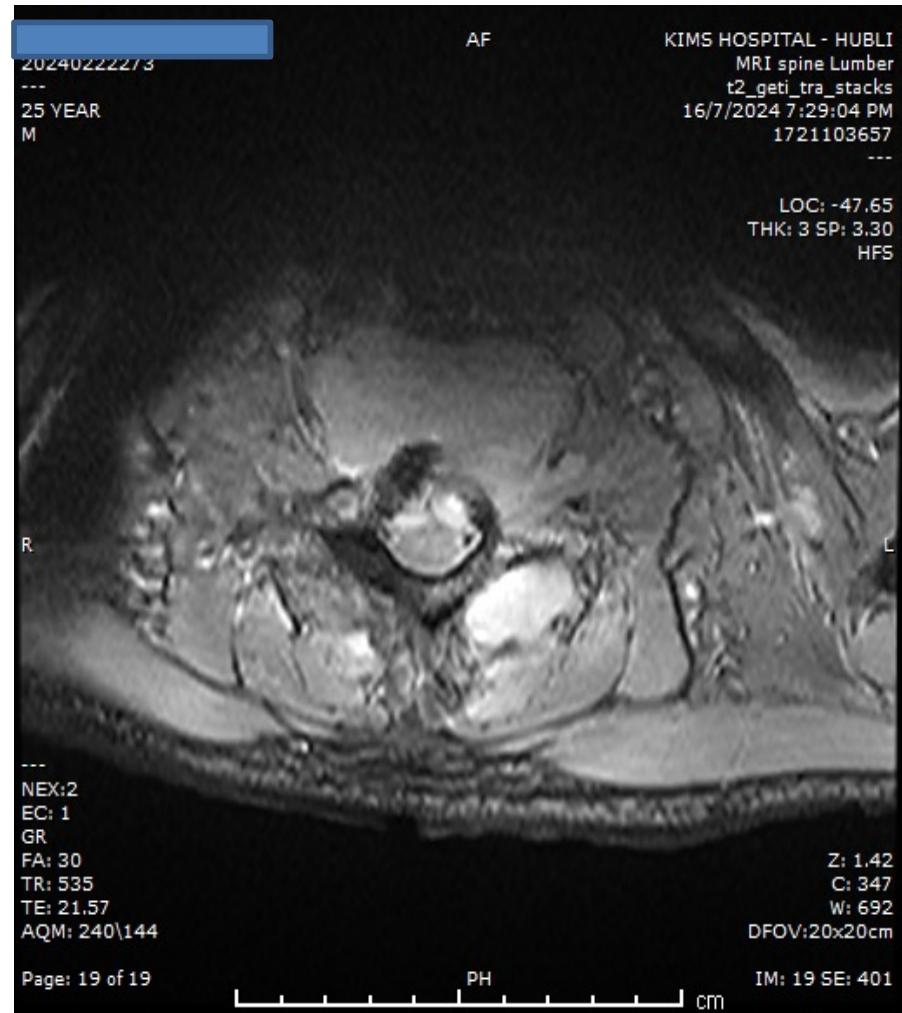


T2 sagittal





T2 STIR Sagittal

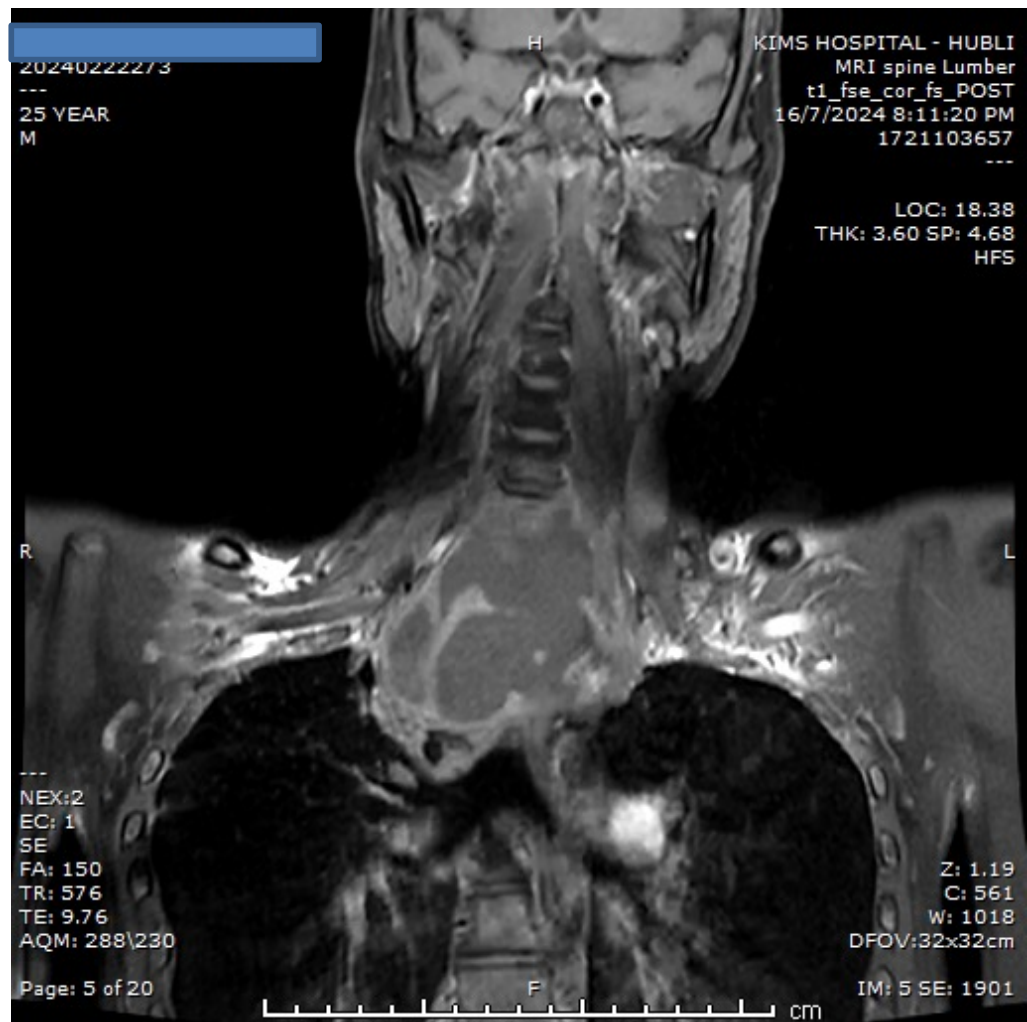


T2 Axial





T1 FS Sagittal  
Postcontrast



T1 FS Coronal Post Contrast

**SEVERE REDUCTION IN THE VERTEBRAL BODY HEIGHT AT THE D1 AND D2 VERTEBRA- S/O VERTEBRA PLANA WITH KYPHOTIC DEFORMITY.**

**ILL-DEFINED EPIDURAL COLLECTION AT D1-D2 VERTEBRAL LEVEL WITH COMPRESSING OVER THE SPINAL CORD→F/S/O – INFECTIVE SPONDYLODISCITIS (TUBERCULAR ETIOLOGY TO BE CONSIDERED).**

