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IMAGES IN NEONATAL MEDICINE.....

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Spinal abscess with spinal cord compression following late onset neonatal sepsis

A 5 week old male infant presented with a three day history of low grade temperature and irritability. Clinically, right torticollis, pain on neck movement, and flaccid paralysis of the right arm were observed. The tone of the left arm was reduced, but neurological examination of the legs was normal. Magnetic resonance imaging revealed a pre-vertebral collection extending into the 4th cervical vertebral body and disc. Diagnosis of a spinal abscess with spinal cord compression was made, and the patient underwent urgent neurosurgical intervention. *Staphylococcus aureus* was grown from 4 ml pus drained in theatre. The patient was started on a five week course of flucloxacillin and fusidic acid. Immediately after surgery, arm and neck movements were much improved, and neurological examination at the time of hospital discharge was entirely normal.

This baby had been born at 34 weeks gestation. The early postnatal period was uncomplicated, but during the second week he developed an umbilical flare, fever, and intermittent apnoeas. A blood culture revealed *S aureus*. A five day course of intravenous meropenem appeared to have fully resolved the infection.

Pulsed field gel electrophoresis confirmed the strains of *S aureus* from pus and blood culture to be identical. This suggests that the spinal abscess represents a complication of late onset neonatal sepsis. Whereas osteomyelitis is a well recognised complication,¹ spinal abscess with spinal cord compression has not been described to our knowledge. Baseline immunology tests remained normal, and at 15 months of age the child's development has been normal with no further significant infections or hospital admissions.

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Figure 1 Magnetic resonance image of cervical spine, sagittal view, showing pre-vertebral abscess extending into the vertebral body of C4 and spinal cord compression. Permission has been obtained for publication of this figure.