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# The ongoing challenge when dealing with tuberculosis and brucellosis spondylodiscitis

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**Background :** Spondylodiscitis (SPD) is a rare infection of the intervertebral disc but may lead to devastating complications. Owing to non-specific symptoms of tuberculosis and brucellar SPD, the diagnosis is often delayed. We aim to compare clinical and laboratory findings as well as radiological features of tuberculosis and brucellosis SPD.

**Materials/methods :** We carried out a retrospective study which included 102 patients with definite SPD between 1990 and 2013. Among this population, tuberculous spondylodiscitis (TS) was revealed in 66 patients (64.7%) while 36 patients (35.3%) had brucellar spondylodiscitis (BS).

**Results :** A comparative study gathering clinical parameters, laboratory and imaging findings of TS and BS was depicted in table 1.

**Conclusion :** SPD remains a challenging disease which exhibits substantial diagnostic and therapeutic difficulties. There are significant clinical, biological and radiological differences between TS and BS. The above mentioned differences may help to etiological diagnosis while awaiting for microbiological confirmation.

Table 1 : Summary of clinical, laboratory and radiological findings of spondylodiscitis secondary to tuberculosis and brucellosis

| | | TS | BS | p |
|---|---|---|---|---|
| Male/Female ratio | | 30/36 | 27/9 | **0.004** |
| Age (years) | | 48.1 | 49.2 | 0.7 |
| Fever > 38.5°C (%) | | 36 (35.3%) | 10 (9.8%) | **0.009** |
| ESR (mm) | | 97 | 50 | **0.04** |
| Leucocytes (cells/mm$^3$) | | 8200 | 6140 | **0.001** |
| Vertebral level affected | Dorsal | 33 (50%) | 9 (25%) | **0.009** |
| | Lumbar | 28 (42.4%) | 28 (77.7%) | **0.001** |
| Psoas abscess | | 11 (16.6%) | 8 (22.2%) | 0.2 |
| Duration of treatment (months) | | 14 | 8 | **0.001** |
| Sequelae | | 35 (53%) | 14 (38.8%) | 0.13 |

*ESR = Erythrocyte sedimentation rate, categorical variables are expressed as number and frequency.*