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**Clinical ID: Community-acquired infections including CAP, sepsis, STD,...**

**Evaluation of patients with spondylodiscitis in a tertiary care hospital**

**G.R. Yilmaz<sup>1</sup>, T. Guven<sup>2</sup>, R. Guner<sup>2</sup>, Z. Kocak Tufan<sup>2</sup>, Y. Korkmaz<sup>2</sup>, K. Ozdemir<sup>1</sup>, M.A. Tasyaran<sup>2</sup>**

<sup>1</sup>Infectious Diseases and Clinical Microbiology, Ankara Ataturk Training and Research Hospital, Ankara, Turkey ; <sup>2</sup>Infectious Diseases and Clinical Microbiology, Yildirim Beyazit University Faculty of Medicine Ankara Ataturk Training and Research Hospital, Ankara, Turkey

**Objectives:**

Spondylodiscitis is getting increase in recent years. The source is haematogenous in most of the cases. The second cause of infection is surgical intervention of affected site. The aim of this study was to evaluate epidemiological, clinical and laboratory features of the patients with spondylodiscitis followed in our hospital.

**Materials and Methods:**

The patients with spondylodiscitis, hospitalized between January 2006 and December 2013, were evaluated retrospectively. The data included history, complaints, findings of physical examination, laboratory parameters, microorganisms responsible for lesion if it can be isolated, and therapy.

**Results:**

A total of 41 patients (22 female, 19 male) were included in the study. Trauma history was exist in 5 (12,2%) patients. A total of 11 (26,8%) patients had a surgical intervention of affected site and 3 (7,3%) patients had a history of tuberculosis in their relatives. Lumbar region was most affected site (80,5%). It was followed by thoracic (14,6%) and cervical vertebrae (2,4%). Complaints were as follows: back pain (87,8%), walking difficulties (39%), leg pain (36,6%), high fever (22,0%), pins and needles (17,7%) and sweating (7,3%). WBC, CRP and sedimentation rate were found as high in 17,1%, 90,2% and 87,8% of the patients, respectively. Methicillin-resistant coagulase-negative *Staphylococcus* (MRCNS), methicillin susceptible *S. aureus*, and methicillin-susceptible coagulase-negative *Staphylococcus* were isolated in 5 (12,2%), 2 (4,9%) and 2 (4,9%) patients respectively. A total of 11 (26,8%) patients were administered anti-tuberculosis therapy because of imaging was compatible with tuberculosis. *Brucella* agglutination was found as positive in 6 (14,6 %) of the patients. Neither growth in blood or biopsy culture nor serological positivity could be detected in the remaining 15 patients. Antimicrobial therapy was administered as follows: ampicillin-sulbactam alone or combined with ciprofloxacin in 12 patients (29,3%), cefoperazone-sulbactam alone or combined with teicoplanin in 5 patients (12,2%), teicoplanin in 5 patients (12,2%), daptomycin in 2 patients (4,9%) and linezolid combined with meropenem in 1 patient (2,4%).

**Conclusion:**

In postsurgical cases *Staphylococcus* spp. was the most frequent cause. Tuberculosis and brucellosis were the most common reasons for spondylodiscitis in remaining patients.