

This boy presented with several lesions. On a chest radiograph, he had a segmental lesion. In addition, he had a lesion in the neck (rendered dark by traditional medicine), an axillary lesion, and a lesion in the arm (the hump on the arm is the tuberculin skin test reaction), and the hand.



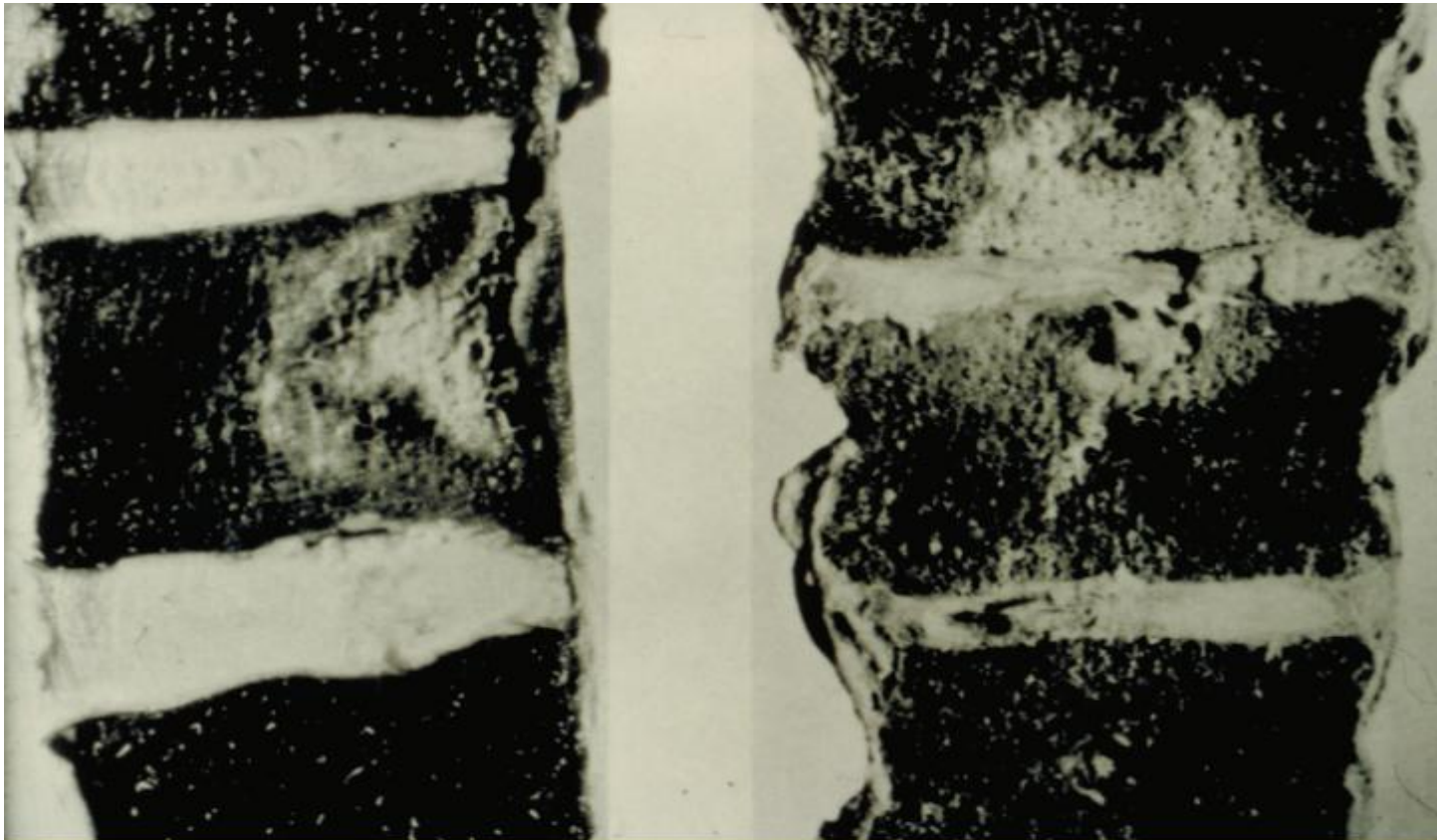
The lesion in the hand is shown here in close-up.



This patient with tuberculosis of the spine and a visible abscess, slightly discoloring the overlying skin, on the lower left back almost escaped a correct diagnosis but for an astute laboratory technician. The abscess was warm to the touch and a Gram stain showed Gram-positive cocci. Nevertheless, the laboratory technician insisted on rigorous examination for acid-fast bacilli and found them, confirming tuberculosis of the spine with a super-infected abscess.



The vertebral lesions are usually anterior in location, often triangular in shape. The bony structure adjacent to both sides of the disk becomes eroded, leading to the seemingly narrowing of inter-vertebral disk space.



*Kastert J, Uehlinger E. Handbuch der Tuberkulose. Vol 4, p. 455
Hein J, Kleinschmidt H, Uehlinger E (eds). Thieme, Stuttgart, 1964
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As a result of the anterior lesion, the disk or disks collapse, building a triangular shape, leading the typical gibbus



Extensive destruction in two adjacent vertebrae.



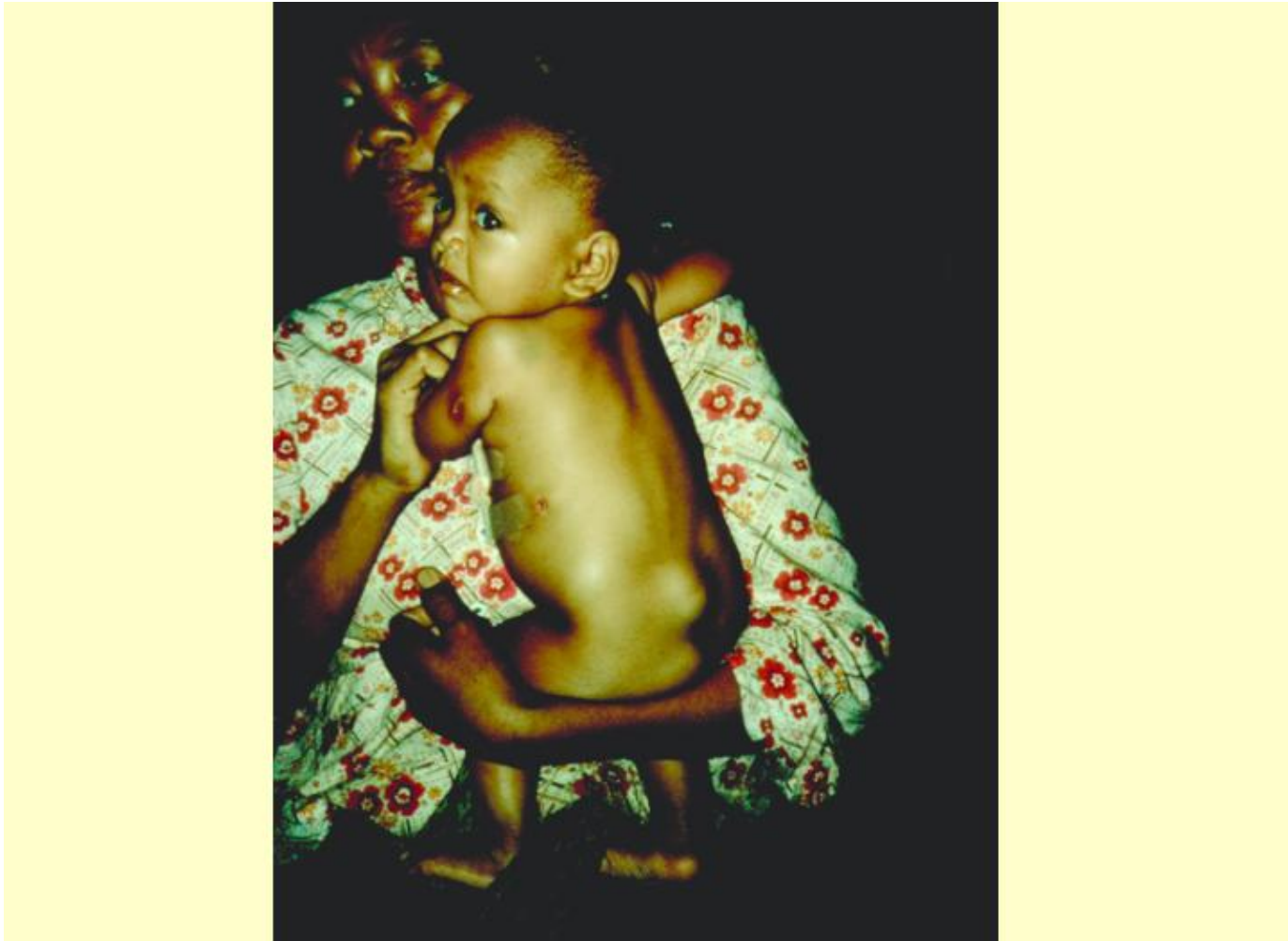
Two vertebrae collapsed to the height of one.



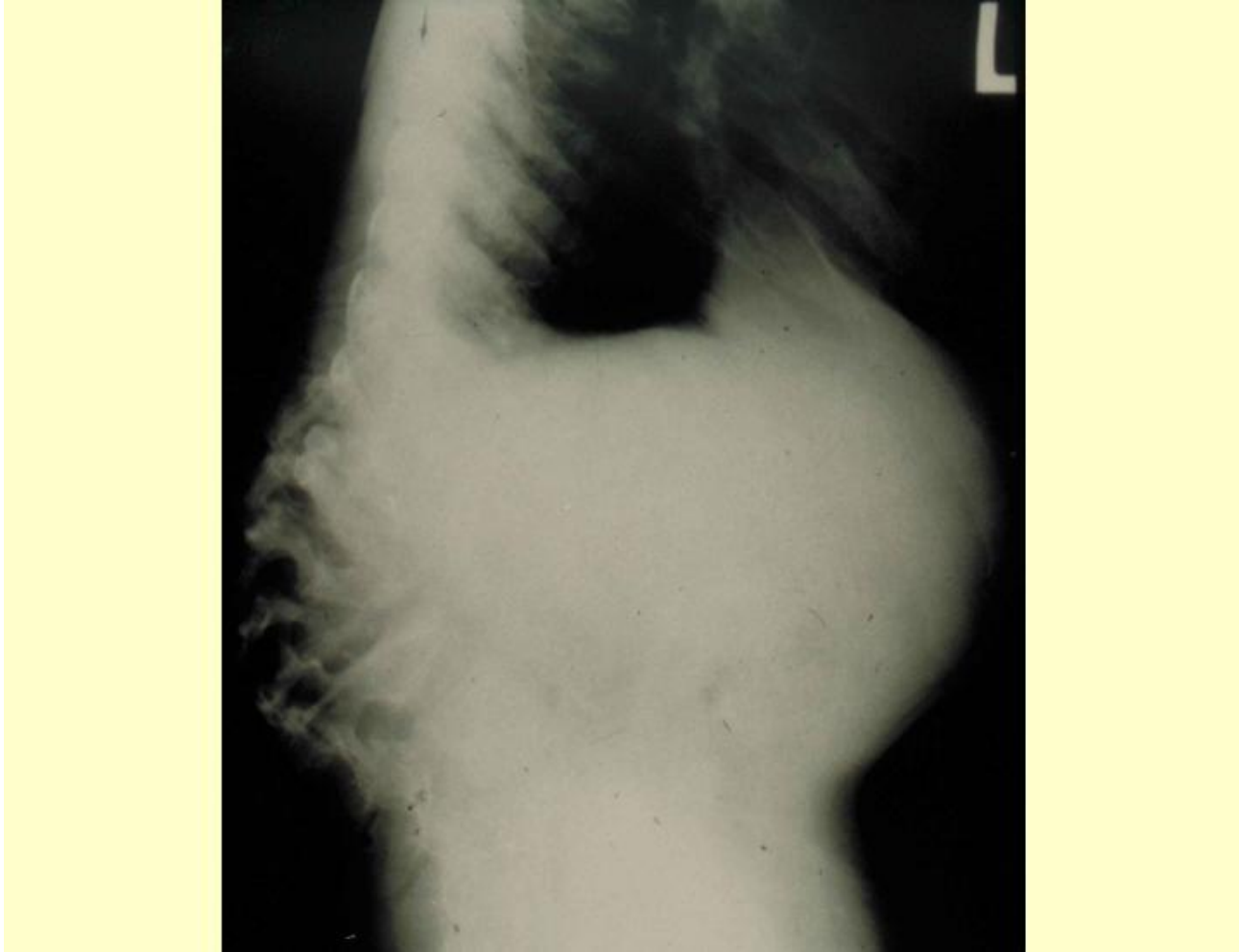
In chronic cases, there might be attempts to repair as shown here with the ossification surrounding the vertebral body.



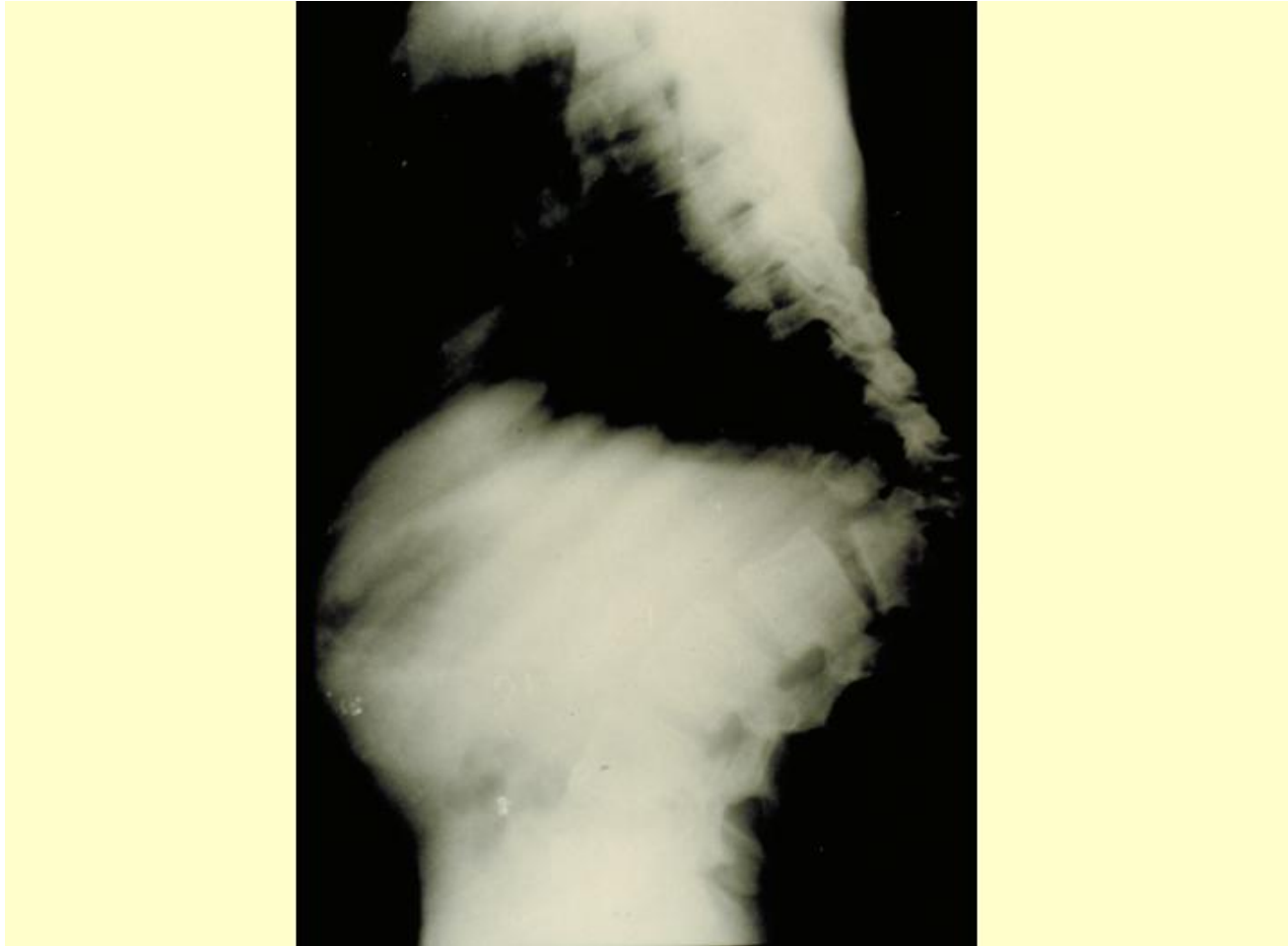
In addition to the paralysis caused by the lower lumbar lesion, this child also had a pyopneumothorax (and an accelerated response to a BCG vaccination).



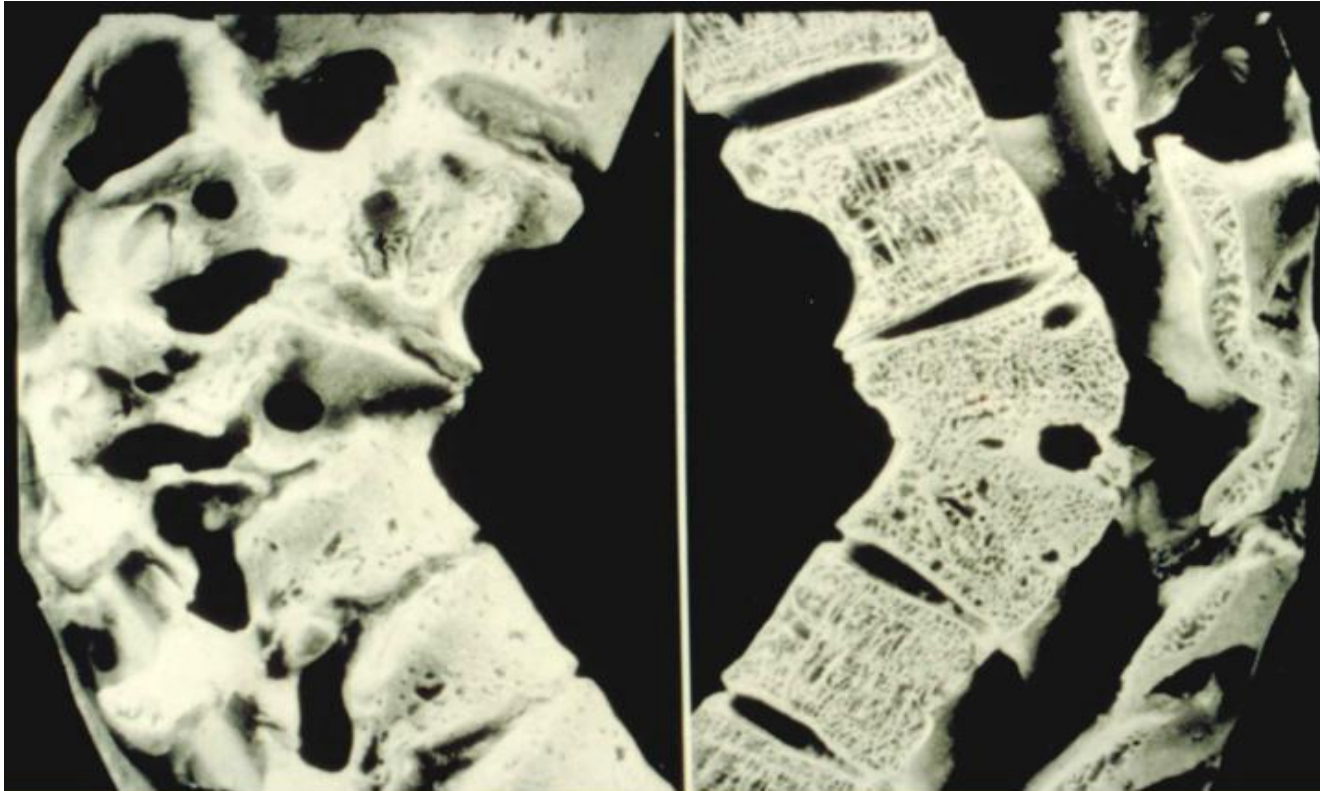
This patient has a severe gibbus in the lower thoracic region.



This patient with a 90 degree lesion in the spine was ambulatory when interviewed. He had had received a full course of anti-tuberculosis treatment and had no neurologic symptoms.



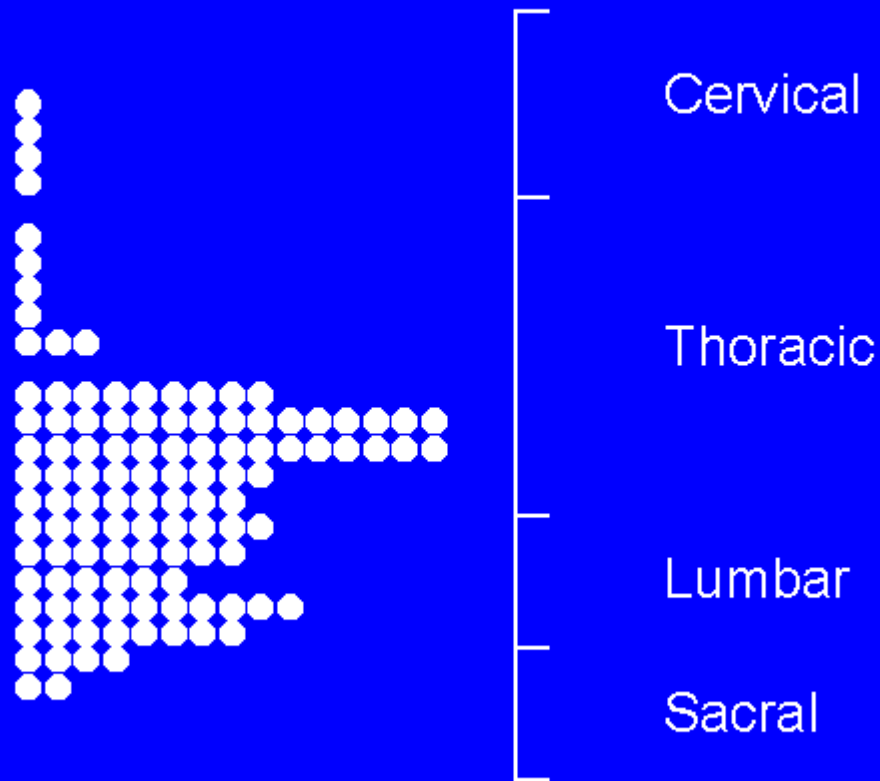
The reason for the complete recovery from neurologic symptoms in the majority of patients is most likely attributable to the anterior location of the disease process that often leaves the spinal canal spared. The neurologic symptoms seen in the beginning are thus most likely attributable to edema and compression from abscesses that resolve with chemotherapy. In some patients, bony particles may, however, reach the spinal canal and then may cause permanent disability.



*Kastert J, Uehlinger E. In: Handbuch der Tuberkulose, vol 4, p 461
Hein J, Kleinschmidt H, Uehlinger E (eds). Thieme, Stuttgart, 1964
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Tuberculosis of the spine is most frequently located in the lower thoracic and the lumbar region of the spine.

Affected Vertebrae in Spinal Tuberculosis



Chen WJ, et al. Acta Orthop Scand 1995;66:137-42