



International Conference on Emergency Medicine and Critical Care

July 25-26, 2019 Rome, Italy

Abdominal Pain Ends Up to be an Extensive Spinal Epidural Abscess in a Previously Healthy Toddler

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Learning Objectives: Spinal epidural abscess (SEA) represents a neurosurgical emergency. We report a case of extensive SEA manifesting as abdominal pain in a previously healthy toddler.

Methods: A 24 month old female presented with two weeks history of fever and abdominal pain. Child had a small cut wound on her right foot that was complicated with a small abscess collection which was self drained. Fever started at that time. Patient complained of neck and back aches and was unable to bear weight.. No neurological deficit noted. Spinal MRI showed a large extradural collection extending from the (C2 spine to L1 spine) representing epidural abscess.

Laminectomy for drainage of epidural abscess was done. Patient was started on parenteral antibiotics empirically. Puss material culture grew methicillin sensitive staphylococcus aureus, in light of culture results parenteral flucloxacillin used. Repeated MRI showed regression of the epidural abscess. Patient completed 6 weeks of therapy. She remained neurologically intact and clinically well on follow up visits.

Results: In reviewing the literature, such an extensive abscess collection in the spinal epidural space in an immunocompetent 2 year old toddler is unique. The atypical presentation with fever and abdominal pain had misled clinicians. Using monotherapy after surgical drainage was successful in our case.

Conclusion: High index of suspicion for SEA in children is needed specially when presenting with atypical symptoms. Using monotherapy after surgical drainage of extensive SEA would be successful.

Biography:

Manal Alkatheeri received MBBS from the College of Medicine and Health Sciences – United Arab Emirates University in 2016. Currently she is studying fourth year of Pediatric Residency.