

ABSTRACT BOOK

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Dual Diagnosis Dilemma : Unmasking Spondylodiscitis and Infective Endocarditis in a Patient Presenting with Fatigue, Back Pain and Fever

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ABSTRACT

Spinal infections can manifest a wide spectrum of clinical signs. The most prevalent symptom is back pain, but neurological deficits are not uncommon.

The aim of this study is to focus on nonspecific symptoms such as fatigue, back pain and fever, which can be symptoms of various conditions and require detailed examination for their etiological clarification.

In this case report, we present the case of a 67 years old patient who was admitted to the neurology department due to symptoms of fatigue, lower back pain, fever and gait instability. A series of diagnostic tests were conducted to determine the precise cause. Non-specific symptoms such as malaise, weakness, excessive sweating and fever raised suspicion of a potential cardiac origin.

Laboratory findings revealed an elevated ESR and high levels of CRP, but the hemocultures were negative. MR of the L-S spine revealed a hypointense, partially lobulated change at the level of L-1 vertebral body, and a heterogeneous representation of the IV disc. The change could correspond to a condition of spondylodiscitis. The EMNG results indicate a chronic lesion in the proximal section of the peripheral motor neuron. Echocardiography revealed a dilated left atrium, and a thickened posterior mitral valve, with present hyperechoic spherical mass in the area at the tip of the anterior mitral cuspis. A similar formation is observed on the interventricular septum, which is suspicious for endocardial masses, indicative of a severe mitral insufficiency.

Spondylodiscitis is a recognized complication of infective endocarditis, believed to result from the hematogenous spread of infectious agents. Therefore, in all cases with spondylodiscitis, the presence of infective endocarditis should be thoroughly investigated and ruled out.

Key words : spondylodiscitis, infective endocarditis