

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

Angela Aleksocska<sup>1</sup>, Marija Stojanovska<sup>1</sup>, Ana Marija Taseva-Vasileva<sup>1</sup>

<sup>1</sup>Faculty of Medical Sciences University "Goce Delcev" - Stip

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

**OBJECTIVES:** To focus on nonspecific symptoms such as fatigue, backpain and fever which can be symptoms of various conditions and require detailed examination for their ethiological clarification.

**CASE REPORT:** We present the case of a 67-year-old patient who was admitted to the neurology department due to symptoms of fatigue, lower back pain, fever, & gait instability. Nonspecific symptoms such as malaise, weakness, excessive sweating, dyspnea, and fever raised suspicion of a potential cardiac origin.

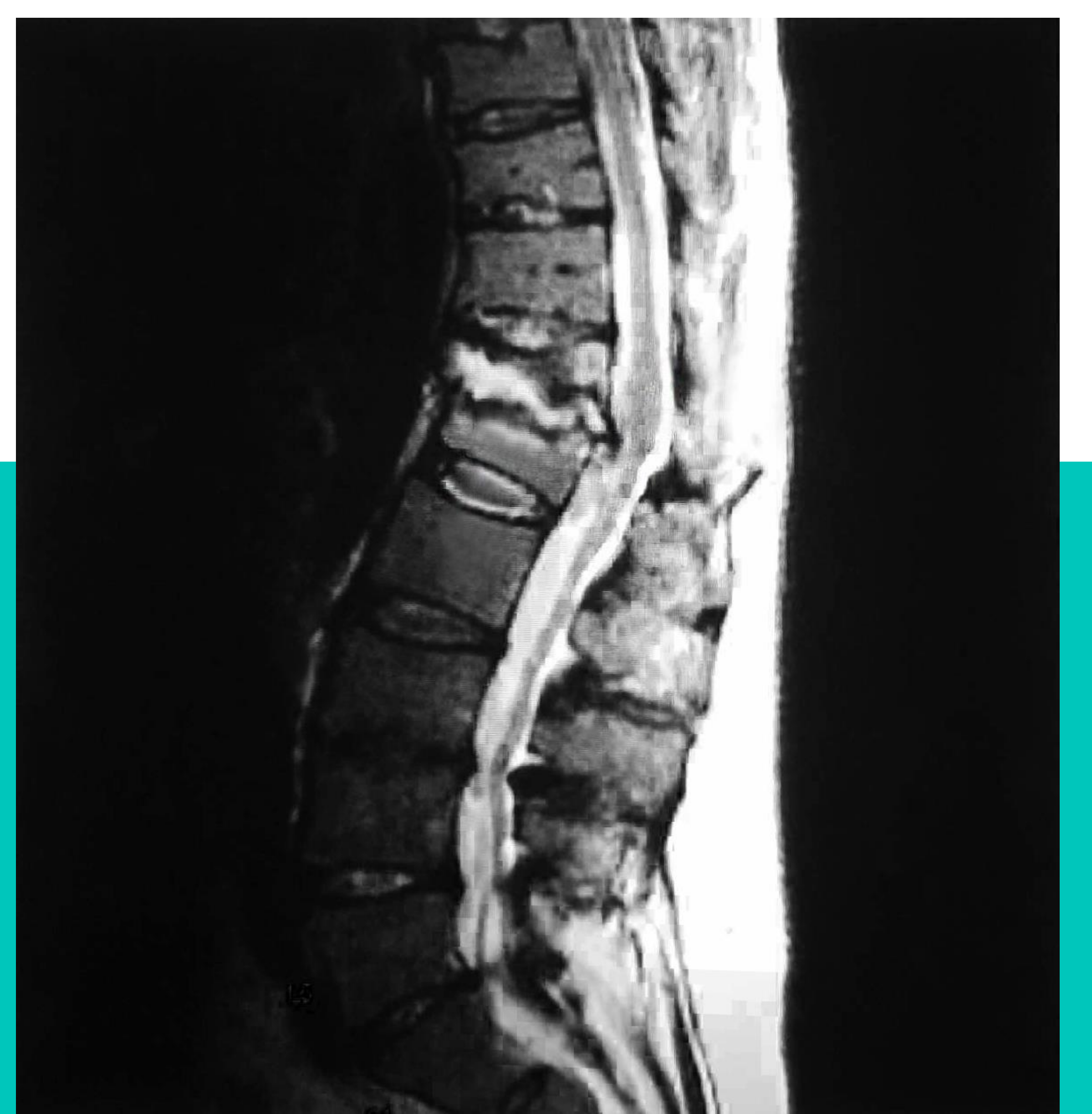
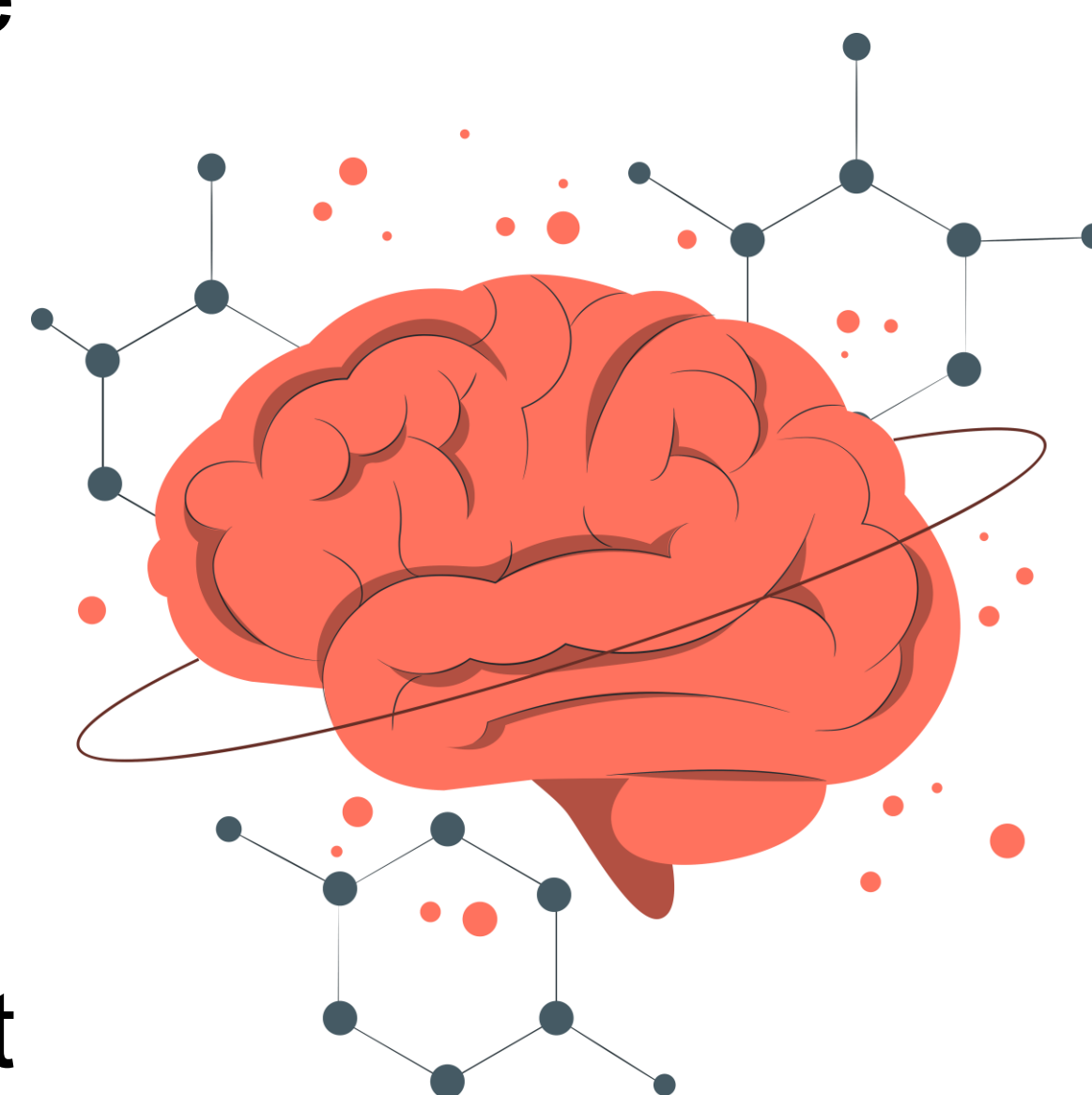
**DIAGNOSTIC PROCEDURES & NEUROLOGICAL EXAMINATION:** Diminished GMS in the lower extremities along with atrophy of skeletal muscles, with generalized increase in reflexes specifically the PR which is extending to subclonus.

Laboratory findings revealed an elevated ESR and CRP; Hemocultures were negative.

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 hyperechoid spherical mass in the area at the tip of the anterior mitral cusps. A similar formation is observed in the intraventricular septum which is suspicious for endocardial masses.

MRI of L-S spine revealed hypointensive change at the level of L1 vertebral body that could correspond to a condition of spondylodiscitis.



**CONCLUSION:** Spondylodiscitis is a recognized complication of infective endocarditis believed to result from the hematogenous spread of infectious agents. In all cases with spondylodiscitis infective endocarditis should be thoroughly investigated and ruled out.