A 20-year-old man had a 2-month history of progressive gait abnormality, leg discomfort, and “coldness.” He had immigrated 5 years earlier and worked at a meat-packing plant. There was a chin-on-chest deformity. MRI of the cervical spine showed a destructive process affecting multiple vertebral segments (figure). Differential diagnosis included malignancy or infection. PPD and QuantiFERON Gold test for tuberculosis were positive. Treatment involved isoniazid, rifampin, pyrazinamide, ethambutol, and pyridoxine. Although Pott disease can be effectively treated medically, neurologic deficit or severe deformity are indications for surgery. The patient underwent anterior debridement and C4-T3 vertebrectomies, with interbody cage reconstruction followed by posterior segmental fixation. Intraoperative specimen was AFB positive; culture yielded Mycobacterium tuberculosis. At follow-up, the patient was able to ambulate upright and independently.
Pott disease causing chin-on-chest deformity and myelopathy
Paul Park and Cheerag Upadhyaya

Neurology 2010;75;477
DOI 10.1212/WNL.0b013e3181eb58a2

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