

# SPONDYLODISCITIS AND HEMODIALYSIS

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## Introduction

Spondylodiscitis constitutes a recognized complication in dialysis patients associated with blood transmission of bacterial, mainly in those patients who have central venous catheters, diabetes, sickness and severe immunosuppression. This clinical entity associates with high prevalence of mortality and morbidity.

## Methods

We describe seven cases of patients receiving hemodialysis who were diagnosed with spondylodiscitis in a period of three years. Blood cultures were positive in five cases and the causative microorganism was staphylococcus aureus. Three patients suffered from diabetes type II and they all were on hemodialysis using a central venous catheter. The manifestations of the infection were fever (not too high) and acute back pain (not successfully controlled with plain pain killers). Furthermore they were all found with positive inflammatory markers like high white blood cell, CRP and ESR.



## Results:

### Text

The diagnosis of spondylodiscitis was based on MRI and blood cultures. Biopsies of the lesion were performed on five patients and pyogenic infection was found. All patients were treated by intravenous antibiotics which was a combination of daptomycin, ciprofloxacin and rifabacin. After a two-month period the inflammatory markers were found negative and the patients' clinical status was significantly improved.

## Conclusions:

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Spondylodiscitis in hemodialysis patients especially in those with central venous catheter is a serious condition and should be suspected when fever and acute or chronic vertebral pain are evident. Aggressive antibiotic therapy should be used at least for two months or until the inflammatory markers are found negative.

