

# Pott's Disease of the Cervical Spine and Tuberculous Cold Abscess of the Neck and Chest Wall

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## INTRODUCTION

Tuberculosis of the cervical spine is unusual in Pott's disease. Direct extension from adjacent cervical spine resulting neck or chest wall cold abscess is rarely reported. In a study involving 18 patients with cold abscesses of the chest wall, 83% had a previous history of tuberculosis with 33% had concomitant active pulmonary tuberculosis. Early diagnosis and treatment with antituberculous drugs and surgical intervention are important to prevent complications such as airway obstruction or neurological deficit.

## CASE DESCRIPTION

A 65-year-old female with history of type II diabetes mellitus, hypertension, end-stage kidney disease presented with two-week history of painful neck and chest swelling and shortness of breath. She had history of catheter related infection over previous right internal jugular vein cannulation, which she was treated with antibiotic. Examination revealed anterior neck swelling extend to chest wall measuring 7 x 4 cm. She had lower cervical spine tenderness with limited range of motion. Chest x-ray showed mediastinal enlargement.



Computed tomography revealed multiloculated collection measuring 5.2 cm x 5.8 cm x 5.7 cm extending from thyroid isthmus cranially to posterior margin of sternum caudally with multiple subcentimeter mediastinal lymphadenopathy. Magnetic resonance imaging revealed C5/C6 infective spondylodiscitis resulting in spinal canal stenosis and a supraspinatus fluid collection. The patient was treated by a multi-disciplinary team, with plans for tuberculosis evaluation, abscess drainage, and anterior cervical corpectomy with fusion.



## DISCUSSION

The finding of a chest wall implies a differential between tuberculous cold abscess, pyogenic abscess, and neoplasm of the chest wall. Diagnosis is made from aspirated pus culture grew *Mycobacterium tuberculosis*; however, the TB bacillus is fastidious and the sole reliance on positive cultures for diagnosis can be associated with poor sensitivity. The recommended treatment for cold abscess included standard a 6-month regimen of antituberculous drugs with 2 months of intensive phase and 4 months of continuation phase. For Pott's disease, it recommends a regiment involving 9 months of treatment with continuation phase extending for a period of 7 months.

## CONCLUSION

Primary tubercular involvement of the neck and chest wall is extremely rare. Clinician should assess for other extrapulmonary tuberculosis such as Pott's disease, which can be misdiagnosed.

Faure, Eric et al. Cold abscess of the chest wall: a surgical entity? The Annals of Thoracic Surgery, Volume 66, Issue 4, 1174 - 1178