

SUCCESS STORY



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"There is a potential of neurological recovery in TB Spine even after long-standing neurological deficits."

Mobility Restored

A 62-year-old female patient had complaints of inability to move both her lower limbs. 6 months back she was diagnosed with D5-6 Koch's spine with spinal cord compression at another centre. She had undergone a D5/6 Dorsal spine decompression (Posterior Laminectomy) surgery. Post surgery, she was started on Anti-Tuberculosis drug (ATT) upon advice by the primary surgeon.

Even after the spine surgery and continuing ATT for 6 months, her clinical condition deteriorated, which made her bedridden and wheelchair bound. As there were no clinical improvements in term of neurological recovery after the primary surgery, her relatives brought her to Nanavati Institute of Spine Surgery for further treatment. Examination revealed a case of persistent weakness in both her lower limbs. A repeat MRI was done to assess her current condition, which showed persistent compression on the spinal cord at D5/6 vertebral level. A revision spine surgery was deemed essential for a hope of any neurological recovery. She underwent dorsal decompression and posterior instrumentation with rod and screws.

An Intra-operative local site biopsy was taken and was sent for microbiology examination, which reconfirmed the primary diagnosis. Through the transpedicular approach, anterior soft tissue compression over the spinal cord was removed. The anterior column was reconstructed using a titanium mesh cage along with the addition of posterior instrumentation. An aggressive rehabilitation program was started immediately from the following day of the surgery. There was a dramatic improvement in her neurological recovery. Three months after the second spine surgery, she was able to ambulate independently with a walker.

In TB spine, damage to the spinal cord is delayed because of soft compressions like an abscess which defers from injury due to fracture or tumour.

In this case, persistent anterior compression with post-laminectomy deformity were factors which delayed neurological recovery. An adequate decompression and stabilization proved to be highly effective in achieving neurological recovery even at this late stage of presentation.