E-Poster Discussion

06.09.2012 10:30-11:00 **Poster Area**

E-Poster Discussion 1: Case Reports

D. Benhamou, France

	ULTRASOUND-GUIDED INTERSCALENE BLOCK IN A PATIENT WITH A DEEP BRAIN STIMULATOR [168] Speaker: A. McEwen, UK	
	UTILITY OF ULTRASOUND-GUIDED TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK IN A EMERGENCY DEPARTMENT (ED) [665] Speaker: C. Landy, France	
	LUMBAR SYMPATHETIC BLOCK - USE OF ULTRASOUND [359] Speaker: A. Jayakumar, UK	
	BILATERAL ULTRASOUND TAP BLOCK IN A CHILD AFFECTED BY PRADER-WILLI SYNDROME [403] Speaker: D. Galante, Italy	
	EPIDURAL ABSCESS AFTER PATIENT-CONTROLLED EPIDURAL ANALGESIA FOR AN ASTHMATIC PATIENT WITH INHALED CORTICOSTEROID TREATMENT [741] Speaker: C.-W. Chen, Taiwan R.O.C.	

Abstract

EPIDURAL ABSCESS AFTER PATIENT-CONTROLLED EPIDURAL ANALGESIA FOR AN ASTHMATIC PATIENT WITH INHALED CORTICOSTEROID TREATMENT

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A 65-year-old man, with a history of asthma controlling with long-term use of inhaled corticosteroids, received right total knee replacement under spinal anesthesia. After surgery, he used patient-controlled epidural analgesia with 0.0625% marcaine for 3 days. The epidural catheter was inserted into L2/3 and placed up 6 cm. The patient discharged uneventfully on the 6th postoperative day.
Seven days later, he suffered from acute urinary incontinence retention and bilateral lower limbs weakness with 2of 5 of muscle strength. A sagittal T_2-weight magnetic resonance imaging (MRI) scan obtained at emergency room showed an epidural abscess mainly at T10 to L2 with spinal cord compression and posterior paraspinal myositis with abscess formation major at L2 to L4. He underwent emergent laminectomy of thoracic level 10 to lumbar level 2 with debridement and received empiric antibiotic treatment. The pus culture was methicllin-resistant *Staphylococcus aureus* (MRSA) and antibiotic treatment was shifted to daptomycin with fosfonmycin. His muscle strength of lower limbs was recovered to 4 of 5 without any infective sign and he was discharged one month later.
Conclusions: Epidural abscess is a rare but potentially life-threatening neurological emergency. Fifteen to twenty-two percent of spinal epidural abscesses are due to invasive procedures or instrumentation. Spinal surgery, epidural anesthesia, steroid and pain-relieving injections, and placement of pain pumps are all associated with spinal epidural abscess. Although inhaled corticosteroids are seldom related to immunocompromise, a high suspicion is necessary to avoid delayed diagnosis and adverse neurologic outcomes in a patient with multiple risk factors.

Assigned speakers:
Dr. Chia-Wen Chen, Taiwan R.O.C.

Assigned in sessions:
06.09.2012, 10:30-11:00, E-Poster Discussion, E-Poster Discussion 1: Case Reports, Poster Area