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شبكة المعلومات الجامعية



شبكة المعلومات الجامعية

التوثيق الالكتروني والميكرو فيلم

جامعة عين شمس

التوثيق الالكتروني والميكرو فيلم

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بالرسالة صفحات
لم ترد بالأصل

Spinal instrumentation for pyogenic vertebral osteomyelitis (PVO)

An essay
Submitted For Partial Fulfillment Of Master Degree In
Orthopaedics

By

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1. The first part of the document is a list of the names of the people who were present at the meeting.

2. The second part of the document is a list of the topics that were discussed during the meeting.

3. The third part of the document is a list of the actions that were agreed upon during the meeting.

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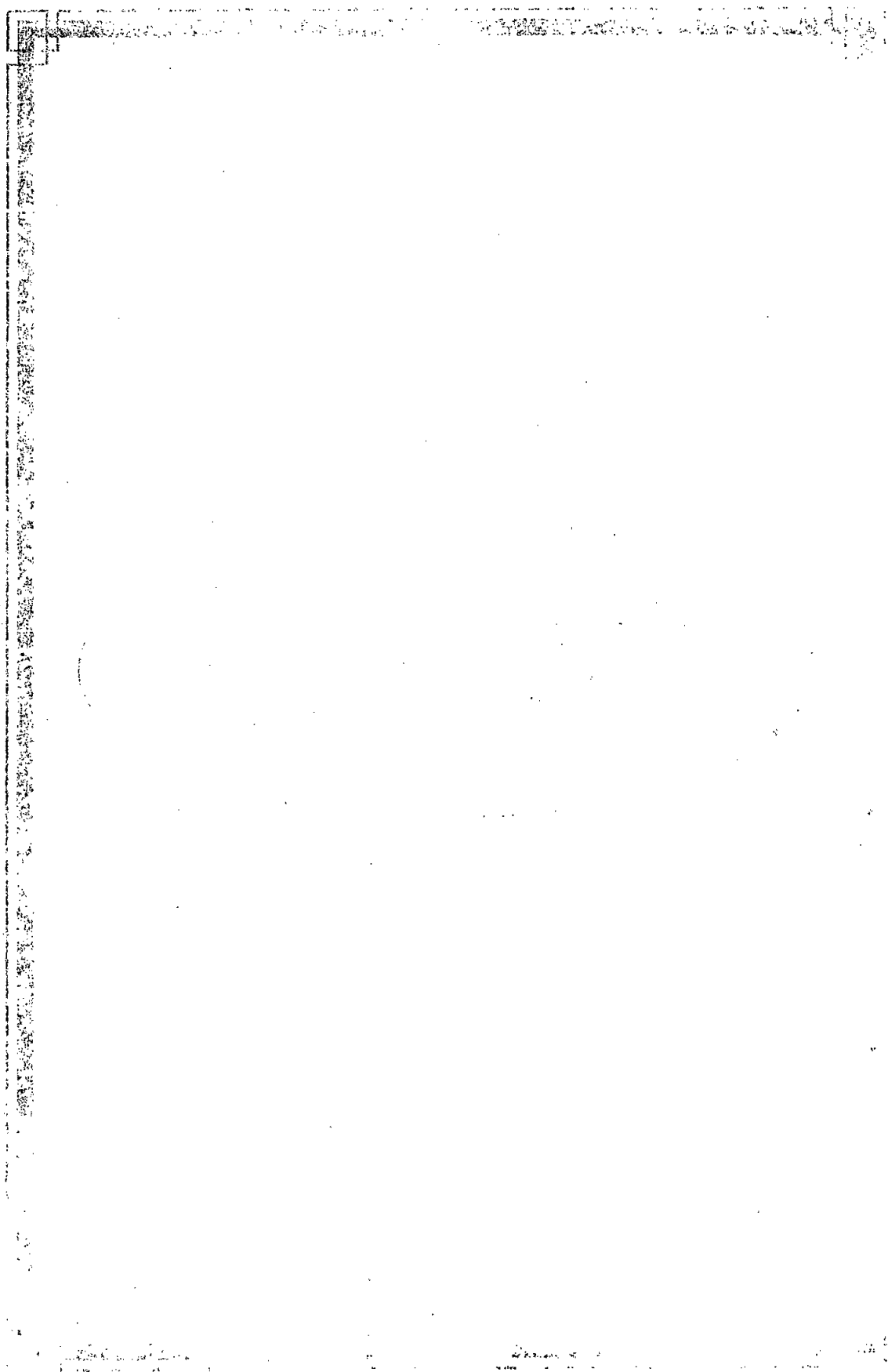
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23. The twenty-third part of the document is a list of the names of the people who are responsible for ensuring that the actions are completed within the allocated community.

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INTRODUCTION

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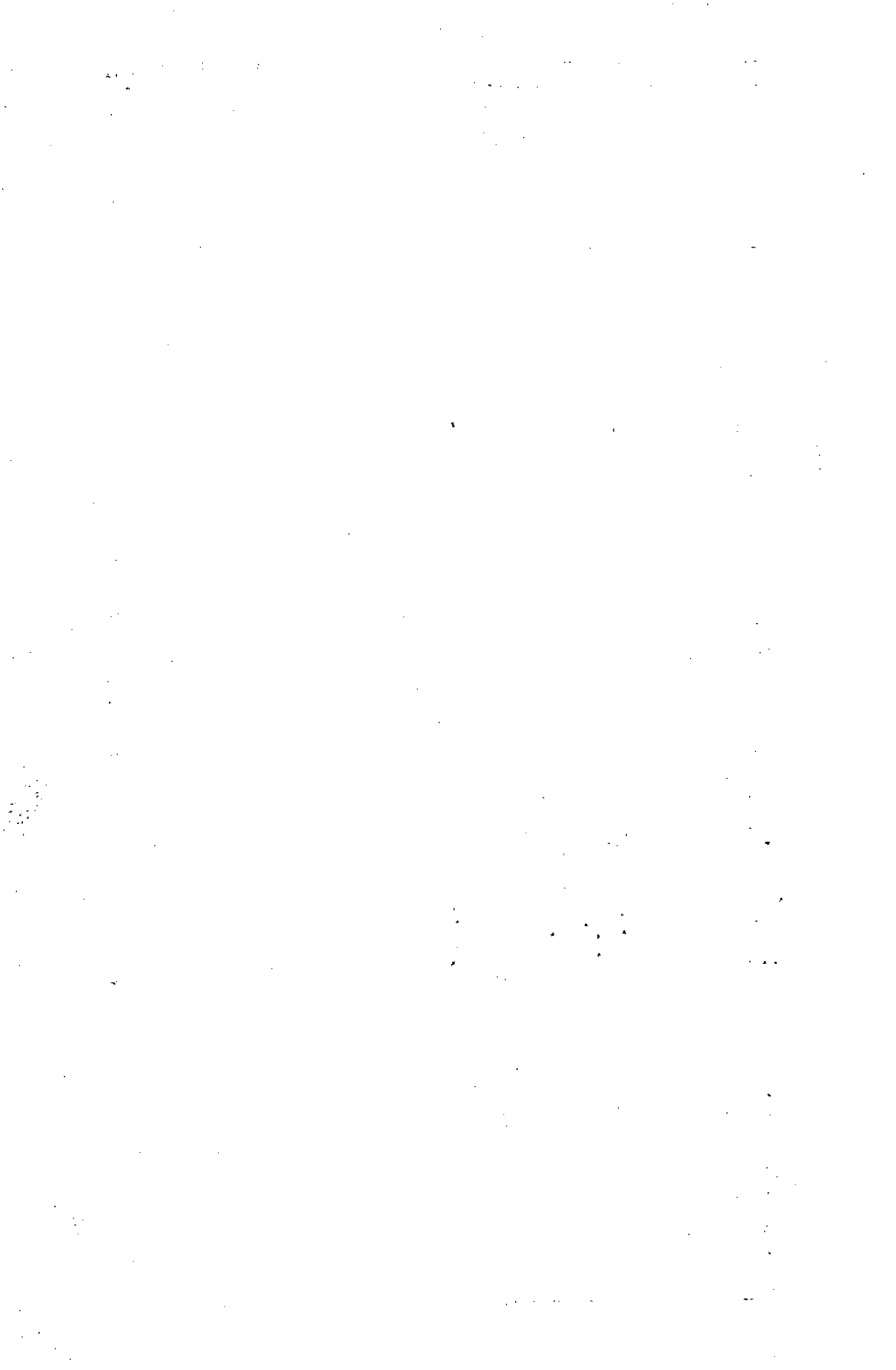
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INTRODUCTION

Vertebral pyogenic osteomyelitis is an uncommon disease accounting for less than 1% of all cases of bone infection.(8)

Hematogenous infection is the most common mechanism followed in descending order of frequency by a)spinal surgery or penetrating trauma to the spine and b)contiguous spread of soft tissue infection. Males outnumber females in a ratio of almost two to one. Staphylococci are the most common pathogens, followed in descending order of frequency by aerobic gram-negative bacilli, streptococci, M. tuberculosis.(19) Signs and symptoms of vertebral infection are relatively nonspecific(neck or back pain, malaise, stiffness, and sometimes fever) so the diagnosis is often delayed. The average time from the onset of symptoms to diagnosis can range from 4 to 6 months in many cases. No laboratory abnormalities are 100% specific for vertebral infection. the most common characteristic laboratory abnormality seen is an increased ESR, leukocytosis is present in only 40% of patients, elevation of C-reactive protein seemed to be more accurate than ESR.(35)

Diagnostic imaging-along with high index of suspicion is crucial to the diagnosis. C.T has been shown to be more sensitive than plain radiography in diagnosis of vertebral osteomyelitis. MRI when available, has now emerged as the

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