

Management of Pyogenic Discitis

Beuy Joob¹, Viroj Wiwanitkit^{2,3,4}

¹Medical Academic Center, Bangkok, Thailand

²Hainan Medical University, China

³Faculty of Medicine, University of Nis, Nis, Serbia

⁴Joseph Ayobabalola University, Ikeji-Arakeji, Nigeria

Sir,

The recent report on “management of pyogenic discitis” is very interesting [1]. Devkota et al. [1] noted that “antibiotics therapy should be started only after isolating the bacteria and making the culture sensitivity report.” In fact, the identification of the pathogen is very important for the proper management of infective discitis. However, an organism negative case remains an important problem. This is a big challenge and can be often seen in the clinical practice. According to the report by Kehrer et al. [2], more than 20 % of cases had negative culture results. In the tropical world, most of those cases are usually managed as tuberculous discitis and a long term antibiotic treatment with close follow-up is suggested. As Kehrer et al. [2] noted; “the overall incidence of *Staphylococcus aureus* and culture negative cases of spondylodiscitis increased and remained highest among the elderly.”

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

References

1. Devkota P, Krishnakumar R, Renjith Kumar J. Surgical management of pyogenic discitis of lumbar region. *Asian Spine J* 2014;8:177-82.
2. Kehrer M, Pedersen C, Jensen TG, Lassen AT. Increasing incidence of pyogenic spondylodiscitis: a 14-year population-based study. *J Infect* 2014;68:313-20.

Received Apr 25, 2014; Revised Apr 25, 2014; Accepted Apr 28, 2014

Corresponding author: Beuy Joob

Sanitation 1 Medical Academic Center, Phyathai Bangkok 10330, Thailand

Tel: +6624658292, Fax: +6624658292, E-mail: beuyjoob@hotmail.com