

[ PICTURES IN CLINICAL MEDICINE ]

## Tuberculous Spondylitis in a Woman without Pulmonary Lesions

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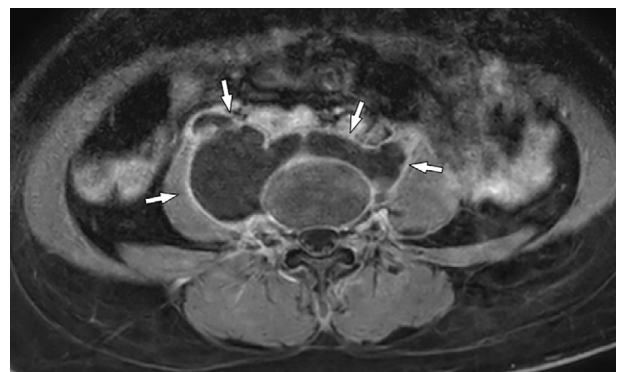
**Key words:** tuberculous spondylitis, *Mycobacterium tuberculosis*

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**Picture 1.**



**Picture 2.**

A previously healthy 36-year-old Filipino woman visiting Japan presented with a mild fever and lumbago. Magnetic resonance imaging on gadolinium-enhanced T1-weighted images revealed destruction of the L5 and S1 vertebrae and an iliopsoas abscess extending from the anterior paravertebral body (Picture 1, 2, arrows). The abscess was drained percutaneously. Ziehl-Neelsen staining of the pus sample detected acid-fast bacilli that were identified as *Mycobacterium tuberculosis* using a polymerase chain reaction assay. She had no respiratory symptoms, and her chest computed tomography findings were unremarkable. Furthermore, sputum, gastric juice, and blood cultures were negative for *M. tuberculosis*. She received anti-tuberculosis chemotherapy for six months and remitted. Tuberculous spondylitis is a rare disease that develops in less than 1% of tuberculosis patients. It typically occurs due to hematogenous spread

from pulmonary tuberculosis but can sometimes occur in individuals without a history of pulmonary tuberculosis (1, 2). It often affects the lower thoracic and upper lumbar spine. As the disease progresses, it causes bone destruction and abscess formation in the surrounding area. It is managed by draining the abscess and providing systemic anti-tuberculosis chemotherapy.

**The authors state that they have no Conflict of Interest (COI).**

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