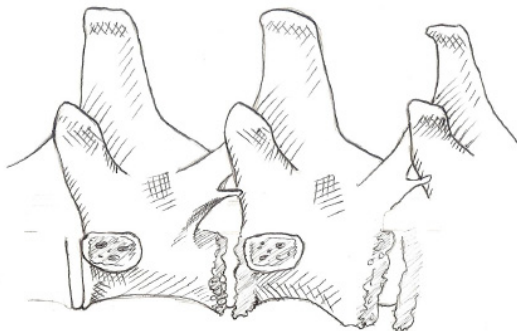


# Discospondylitis

Discospondylitis is defined as an infection of the spinal vertebrae and intervertebral discs. It is a form of osteomyelitis, or bone infection, but differs from a general osteomyelitis in that it involves the intervertebral disc, adjacent vertebral bony endplates, and vertebral bodies.

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The most common symptoms are weakness and severe spinal pain. The symptoms include progressive incoordination in the limbs that are behind the lesion, or area of infection, and as the



inflammation intensifies, the condition becomes very painful. There is no specific breed(s) associated with the condition, but it appears to occur more frequently in large dogs.

There are two classifications of discospondylitis: hematogenous (blood borne) and secondary (migration of foreign body).

Hematogenous discospondylitis is caused by septicemia, which is when blood or fungus have entered the circulating blood. This can be caused by anything from an immune disorder to an abscessed tooth. The bacteria or fungus travel to the soft tissues adjacent to the vertebrae and spreads to the discs between two vertebra. In some cases, the body is able to kill the infection and the vertebra will fuse, but most cases require treatment due to the pain and neurologic dysfunction before this can happen.

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Secondary discospondylitis is caused by foreign bodies, such as foxtails or gunshot pellets, and is the most common form of discospondylitis. The process of infection is much the same as with hematogenous, in that the infection from the surrounding soft tissue invades the disc space and results in discospondylitis.

The most common treatment for discospondylitis is long-term antibiotic therapy. Staphylococcus aureus is often the isolated micro-organism and an appropriate course of antibiotics will be chosen. If the patient does not respond to antibiotic therapy, then culture and sensitivity and/or surgical biopsy are warranted. In cases where the inflammation is so great that it causes secondary neurologic problems and spinal cord compression, surgical decompression may be necessary in conjunction with antibiotic therapy.

Prognosis is dependant on the amount of fusion achieved. Spontaneous fusion must be achieved either with antibiotic therapy alone, or in conjunction with surgery to allow healing. Fusion and healing are documented with radiographs over several months.



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