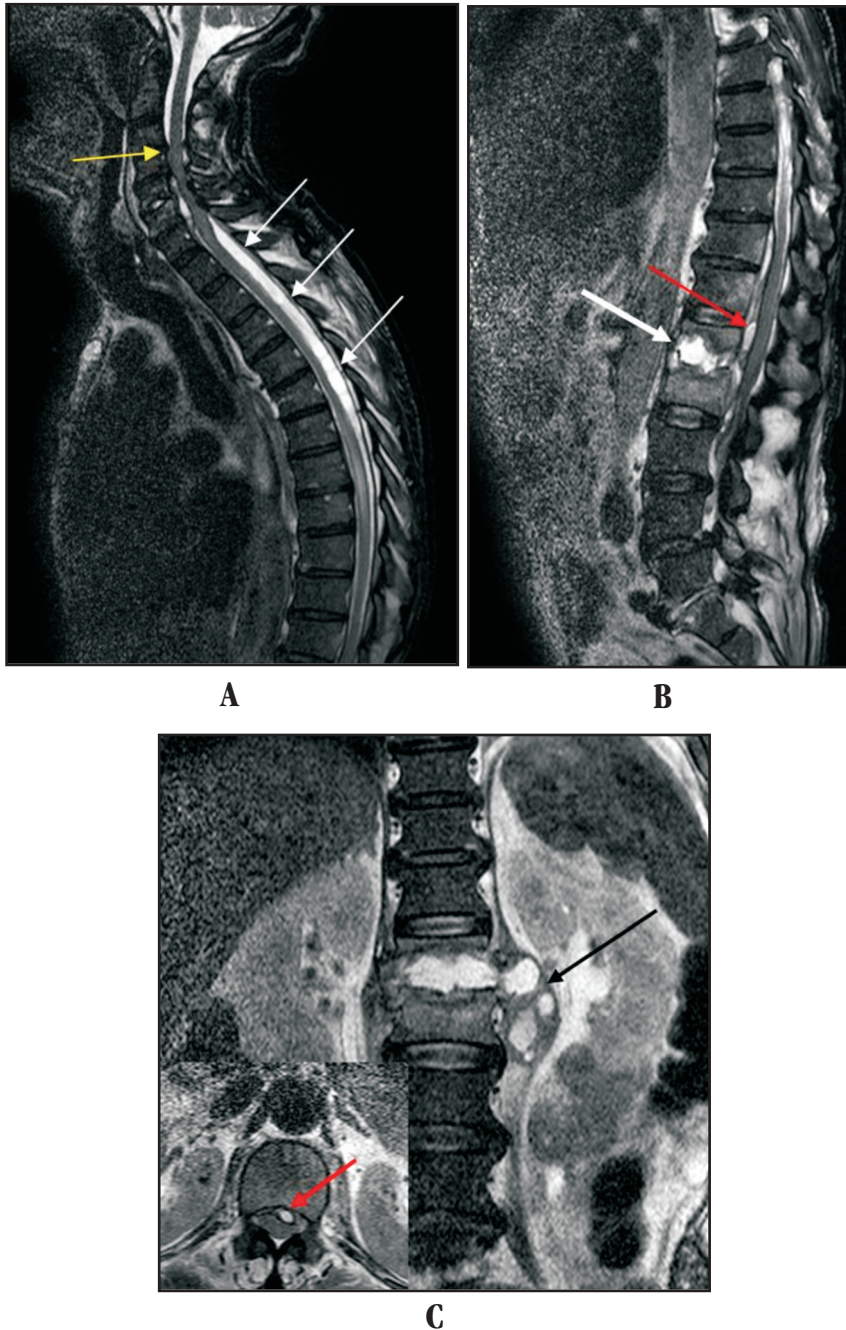


Spinal epidural abscess

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A 78-year-old male patient presented fever, pain and edema in the scrotum. He was admitted to hospital and an ultrasound diagnosed an abscess in the left testicle. Under epidural anesthesia, the abscess was drained surgically. From culturing of the purulent material, *Staphylococcus aureus* was isolated. He received wide-spectrum antibiotics and improved quickly. Nonetheless, five days later, he developed paralysis of the lower limbs and paresthesia of the upper limbs. His family decided to transfer him to our hospital for further investigation. Magnetic resonance imaging (MRI) of the spinal column diagnosed an epidural abscess in the cervical spine (Figure A: white arrows point to the abscess and yellow arrow to the compression of the spinal cord). There was also another abscess in the lumbar area (L1-L2) (Figure B: white arrow points to the discitis and red arrow to the abscess). In other sections, an abscess was also identified in the left psoas muscle (Figure C: black arrow points to the psoas abscess and, in the axial section shown as the inset, red arrow points to the

epidural abscess). This patient had a history of type II diabetes mellitus diagnosed 20 years earlier. During his stay in hospital, a diagnosis of multiple myeloma was confirmed. He underwent an operation and the epidural abscesses and psoas abscess were drained. He received antibiotics (vancomycin and cefepime) without improvement of the neurological deficit. The epidural abscesses probably originated from the scrotal infection.

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