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TUBERCULOSIS AND BRUCELLOSIS COINFECTION DISCOVERTEBRAL AT THE SAME SITE

Introduction:

Spondylodiscitis is the infection of an intervertebral disc and at least two adjacent vertebrae. The causative pathogens are diverse, including specific organisms such as tuberculosis and brucellosis, also that other microorganisms. We report a rare case of 02concomitant infections.

Case Report:

A 53-year-old male, was hospitalized for management of infectious spondylodiscitis.

The history of symptoms dates back to 3 months, characterized by the onset of progressive inflammatory low back pain, which became disabling, accompanied by fever, night sweats, chills and anorexia. He reported consuming unpasteurized raw milk but denied any history of tuberculosis contact.  
On examination:the patient was moderately distorted, afebrile. BCG-scar was absent .  
Low back pain with paravertebral muscle-contraction was noted. Left lower limb monoparesis and abolition of the ipsilateral patellar reflex were observed.  
Biologically: an inflammatory syndrome was(+).  
Spinal magnetic resonance imaging (MRI) revealed:Spondylodiscitis atL4-L5.A left paramedian epidural abscess causing conflict with the L5 nerve root.

A biopsy of the disc and abscess was non-specific, with no evidence of tuberculous-granuloma. 72-day culture of the abscess for acid-fast bacilli was negative.

Brucellosis serology: Wright and Rose Bengal tests were(+).

An antibiotic regimen based on doxycycline and rifampicin was initiated for 03months. Corticosteroid therapy at 1mg/kg/day was introduced on the5th day of antibiotic therapy and continued for 10days.  
A significant clinical and biological improvement was noted at the end of the 3-month treatment, except for moderate mechanical low back pain. A follow-up spinal-MRI was performed, which showed worsening of the discovertebral infection with persistence of the abscess.

A tuberculin-skin-test showed an induration of 23mm, and a new antitubercular antibiotic regimen was initiated.

Conclusion:

An initial broad etiological investigation ensures better management. Advanced imaging appears essential at the end of treatment, even in the presence of clinical and biological improvement.

