A 68-year-old woman was referred to our hospital with persistent back pain and a 7 kg body weight loss over 7 months. She had been undergoing treatment for osteoporosis. She denied productive cough, fever, and night sweats and had no remarkable medical history. Chest radiographs (Figure 1-A and B) showed vertebral collapse and compression fractures from Th8 to Th10, accompanied by a paravertebral mass and tiny nodules in the lungs. Laboratory investigations revealed only mild elevation of ESR; 29 mm/hr. Thoracic computed tomography (CT) demonstrated tiny nodules scattered throughout the lungs. Thereafter, sputum culture was positive for Mycobacterium tuberculosis. Thoracic CT (Figure 2-B) and T2-weighted magnetic resonance imaging (MRI) (Figure 2-C) depicted a 10-cm mass, extending predominantly vertically along the anterior vertebral column (from Th8-Th10). The mass had an enhanced rim, suggesting abscess formation. These images also confirmed the destructive change shown in radiographs at the Th8, Th9, and Th10 levels. We therefore diagnosed tuberculous spondylitis (Pott's disease) complicated...
**Figure 1.**
Posteroanterior (Figure 1–A) and lateral (Figure 1–B) chest radiographs showing a paravertebral mass, vertebral collapse and compression fractures from Th8 to Th10, as well as numerous defined nodules throughout the lung fields.

**Figure 2.**
Thoracic CT (Figure 2–A and B) showed a random distribution of tiny, discrete nodules. Destruction of the vertebral body at the level of Th9, as well as a huge paravertebral low density lesion with an enhanced rim, was seen. Sagittal view of a T2-weighted MR image (Figure 2–C) showed the mass (measuring approximately 10 cm) extending vertically. An enhanced rim was visible in front of three vertebral bodies (from Th8 to Th10). The intervening discs were relatively spared.

by paravertebral abscess and miliary tuberculosis.

**DISCUSSION**
Back pain is a common symptom for which patients usually visit a primary care physician. CT and MRI are useful diagnostic tools to evaluate patients with back pain, but physical examination and medical history play an important role in selecting patients, because most do not require such expensive imaging tests. These tests should be reserved for patients that have a strong clinical suggestion of underlying cancer, infection or neurological deficit. Clues to underlying
disease in medical patients include patient’s age; unexplained weight loss; a history of cancer or tuberculosis; and the duration of pain.\textsuperscript{1,2} If underlying diseases are expected, these imaging tests should be considered.

Our patient had no medical history of cancer, tuberculosis, or human immunodeficiency viral infection and no steroid or immunosuppressant usage. However, her unexplained weight loss, age and long duration of back pain were sufficient to require CT and MRI, and the results proved to be typical findings for Pott’s disease. It is essential to obtain a tissue sample from the involved area for an accurate diagnosis and treatment when these imaging tests identify the involved area. Biopsy samples were not obtained in our case, because sputum culture was positive for \emph{M. tuberculosis}.\textsuperscript{3}

Pott’s disease, with or without abscesses, has peculiar radiological findings, such as degenerating, collapsing, and sequential kyphotic change mainly in vertebral bodies, while that of pyogenic infection typically affects the intervertebral disk. Importantly, the imaging results suggested the following pathognomonic features of Pott’s disease: \textsuperscript{4,5} 1) a huge abscess mainly derived from the vertebral bodies (Th8 and Th9), which extended in a vertical direction over three vertebral bodies; and, 2) severe destruction of contiguous vertebral bodies, but relative sparing of the intervertebral discs (Th8/9, Th9/10).

In general, paravertebral abscesses, such as those seen in Pott’s disease, develop slowly and exhibit little inflammation, even in the presence of miliary tuberculosis, as in the present case. They are therefore defined as cold abscesses.

Clinicians should always consider the possibility of Pott’s disease, pyogenic osteomyelitis, and bone involvement associated with malignancy when they encounter patients with chronic back pain, irrespective of the presence of compression vertebral fractures. The present imaging findings should remind us of the characteristic process by which cold abscesses associated with Pott’s disease are formed.

\textbf{References}
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