A 47-year-old man developed severe neck pain after having sore throat with fever, and visited our hospital 10 days later.

On neurological examination, he had a stiff neck and brisk deep tendon reflexes bilaterally in the lower extremities. A cervical spinal MRI showed a hyperintense mass from C3 to C5 in the anterior epidural space on T2-weighted images (Fig. 1A), and the mass was enhanced with Gd-DTPA on T1-weighted images (Fig. 1B). We diagnosed the mass as spinal epidural abscess (SEA) and intravenous administration of cefotaxime and piperacillin was started. Two months later he was relieved of his symptoms and a MRI demonstrated a shrinking mass (Fig. 1C). SEA is a rare condition, with an occurrence of 0.2–2.0/10,000 hospital admissions. The prognosis depends on early diagnosis and the severity of neurological findings before treatment. SEA should be considered when a patient presents with fever and neck pain.

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Figure 1.