Cervical Pott’s Disease Revealed by Diabetic Ketoacidosis

Faycal El Guendouz 1, Yassir Zajjari 2, Ali Akhaddar 3 and Ghizlaine Belmejoub 1

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A 60-year-old man, was admitted with inaugural diabetic ketoacidosis. Seven months before his admission, the patient reported occipital headaches and a stiff neck associated with night sweats. On examination, neck movement was limited. Neurological and otorhinolaryngological examinations were normal. Cervical spine X-ray showed destruction and os-

1Department of Medicine, Division of Endocrinology and Metabolism, Mohammed V Military Teaching Hospital, Morocco, 2Department of Medicine, Division of Nephrology, Mohammed V Military Teaching Hospital, Morocco and 3Department of Neurosurgery, Mohammed V Military Teaching Hospital, Morocco

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Correspondence to Dr. El Guendouz Faycal, el.guendouz@gmail.com
teosclerosis of the cervical vertebrae. MRI T1-weighted images (Picture 1A, 1B) and T2 (Picture 1C) objectified an extended cervical spondylodiscitis and a retropharyngeal mass with a spinal cord compression. Biopsy of the cervical mass (anterior) was indicated a tuberculous granuloma. We initiated an antitubercular polychemotherapy for a total period of treatment of 18 months. T2-weighted MRI control showed a complete response (Picture 2).

The cervical localization of tuberculosis is rare and serious (1). It poses a risk of spinal cord compression (1). The therapeutic management is essentially based on the antitubercular polychemotherapy (1). Neurosurgical treatment is necessary in the case of neurological deficit or spinal instability (2).

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References