Abstract

Introduction: Catheter-related spinal epidural abscesses are rare but increasing in incidence. Clinical Picture: An elderly gentleman received 4 days of continuous epidural analgesia following multiple traumatic rib fractures. Five days subsequently, he developed an extensive epidural abscess accompanied by backache, lower limb weakness, fever, leukocytosis and Staphylococcal bacteraemia. Treatment: He received appropriate intravenous antibiotics and underwent an emergent decompressive laminectomy. Outcome: A good outcome was achieved because of prompt diagnosis, appropriate intravenous antibiotics and timely surgical intervention. Conclusions: It is important to be vigilant and continue to maintain good clinical practice and a high index of suspicion for this procedural-related complication.

Key words: Antibiotics, Epidural analgesia, Infection, Prevention

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