Spinal abscess with cord compression complicating infected subclavian cannula

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A 65-year-old woman with end-stage renal disease presented with neck pain and right arm weakness. Three weeks earlier a subclavian cannula had been placed and haemodialysis was continued. Physical examination was remarkable for cervical spine tenderness and right arm paresis. Magnetic resonance imaging demonstrated severe destruction of vertebral bodies C4–C7, as an area of low signal intensity on a T1-weighted image (Figure 1, arrows), and posterior displacement of the spinal cord (arrowheads). On a proton density image (Figure 2), regions of high signal intensity were discernible anterior to the collapsed vertebrae (arrows) and in epidural space (arrowheads), suggestive of a vertebral abscess with epidural extension. Therapy with vancomycin and gentamicin was initiated. Blood culture from specimens drawn at the time of admission grew *Staphylococcus aureus*. At surgery, the spinal abscess was drained and damaged vertebral bodies were replaced with a bone allograft. The cannula tip and abscess grew *Staph. aureus*, suggesting that the cannula was the source of bacteraemia and that the spinal abscess was a metastatic complication of bacteraemia. The patient died 2 days after surgery from acute respiratory failure, presumed due to acute cord compression secondary to cervical spine destabilization.

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