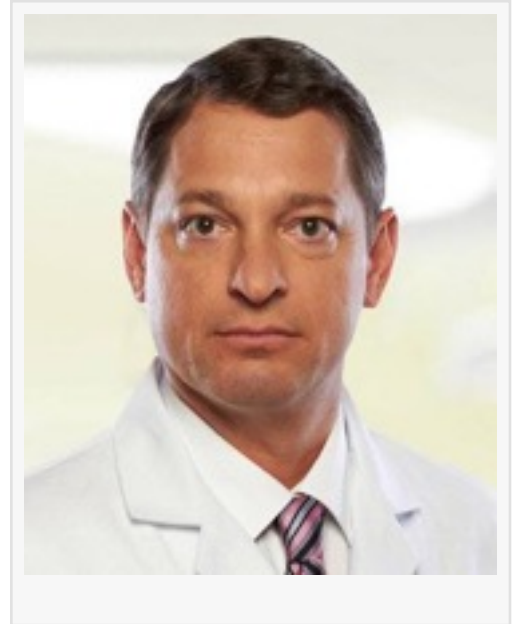


Thoracic Epidural Abscess: Early MRI and Emergent Surgical Evacuation Required

Misdiagnosis of thoracic epidural abscess can result in paraplegia, wheelchair dependence, bowel and bladder incontinence, and loss of sexual function.

SANTA BARBARA , CALIFORNIA , UNITED STATES , September 5, 2023 /EINPresswire.com/ -- "Based on the results, investigators recommend an early MRI of the spine, laboratory workup, abscess culture followed by empiric antibiotics, and immediate surgical decompression when neurological deficits are present" ... Michael Steinmetz, MD

Greg Vigna, MD, JD, national pharmaceutical injury attorney, "Misdiagnosis of thoracic epidural abscess can result in paraplegia, wheelchair dependence, bowel and bladder incontinence, and loss of sexual function. According to a study provided by the Department of Veterans Affairs, 55% of all spinal epidural abscesses were initially misdiagnosed and misdiagnosis was most often related to inadequate recognition of the 'red flag' signs and inadequate initial evaluation as performed by the treating physician."



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Immediate surgical decompression with empiric IV antibiotics is the best course in an overwhelming majority of cases even when there is subtle or slight neurological weakness present on presentation.”

Greg Vigna, MD, JD

What are the 'red flag' signs of spinal epidural abscess?

- 1) Unexplained fever
- 2) Progressive neurological deficits that may include numbness, weakness, and urinary retention or incontinence
- 3) Active infection

What did the literature review by Dr. Steinmetz reveal about thoracic epidural abscesses?

- 1) Clinical history: Thoracic epidural abscess symptoms at the time of presentation may include back pain (64%), neurological deficits (68%) including paraparesis (weakness

of legs, 48%), paraplegia (20%, non-ambulatory), and loss of bowel and bladder control (16%). The lag between back pain and neurological symptoms was "highly variable" with a mean of 2.7 months. The average delay in presentation to a treating physician from the onset of back pain,

weakness, and neurological dysfunction was 12 hours.

2) Risk factors: Alcoholism and IV drug abuse were the strongest risk factors. Others include immunosuppression, advanced age, liver cirrhosis, chronic kidney failure, diabetes, and AIDS.

3) Patients who presented with neurological deficits and underwent immediate surgical decompression had improvement in motor function compared to those who underwent delayed surgical treatment.

[Dr. Vigna](#) states, "We are seeing a disturbing trend where surgical intervention is being delayed as physicians are considering conservative treatment with IV antibiotics. Immediate surgical decompression with empiric IV antibiotics is the best course in an overwhelming majority of cases even when there is subtle or slight neurological weakness present on presentation."

Dr. Vigna is a California lawyer who focuses on [catastrophic neurological injuries](#) and has a national litigation practice. He is a Board Certified Physician in Physical Medicine and Rehabilitation, a Certified Life Care Planner, and an expert on spinal cord injury, cerebral palsy, cauda equina syndrome, stroke, and traumatic brain injury. [Vigna Law Group](#) has a non-exclusive association with Ben Martin Law Group, a Dallas Texas firm. Ben Martin is a national pharmaceutical attorney and personal injury attorney in Dallas, Texas.

To learn more about Spinal Epidural Abscesses and Spinal Cord Injury:

<https://vignawlawgroup.com/practice-areas/sci-spinal-cord-injury/>

<https://journals.sagepub.com/doi/pdf/10.1177/2192568218763324>

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