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To: Emergency Medicine Physicians, Family Medicine Physicians, General Internists, Infectious Disease Physicians, Neurosurgeons, Orthopedic Surgeons, Physical Medicine & Rehabilitation Physicians, and Radiologists

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Subject: **UMHS Inpatient Clinical Guideline: Vertebral Osteomyelitis, Discitis, and Spinal Epidural Abscess in Adults**

What's New



New guideline for inpatient management of adult patients with suspected or confirmed vertebral osteomyelitis, discitis, paravertebral abscess or spinal epidural abscess.

Key Aspects



Problem. While vertebral osteomyelitis (VO) and spinal epidural abscess (SEA) are rare, their diagnosis and treatment must be timely or permanent paralysis may result.

Diagnosis

- Evaluation should include a complete neurological exam and laboratory evaluation
- Prompt imaging: within 2 hours if neurological deficits, or 6 hours if without neurological deficits
- If imaging evidence of VO and negative blood culture: within 24 hours image-guided biopsy by Neuroradiology.

Treatment

- If abnormal neurological exam or imaging evidence of SEA: stat antibiotics, stat imaging within 2 hours (if not already imaged), and stat neurosurgical consult
- If imaging evidence of VO: if unstable, stat antibiotics; if stable, hold antibiotics until after blood culture results are returned; consider neurosurgery consult, neurological check every 4 hours.
- If stable, and no positive imaging findings, consider other diagnosis. If pain persists, repeat imaging in 2-3 weeks.
- Consult Infectious Disease Service to assist with antibiotic management and further evaluation.

Available at: <http://www.med.umich.edu/i/oca/practiceguides/vertebral.html>