

# WOODVALE PARK

## VETERINARY HOSPITAL



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# Diskospondylitis

## (Inflammation of the Intervertebral Disks and Adjacent Bone of the Spine)

### Basics

#### OVERVIEW

- A bacterial or fungal infection of the intervertebral disks and adjacent bone of the spine (vertebral bodies)
- The spine is composed of multiple bones with disks (intervertebral disks) located in between adjacent bones (vertebrae); the disks act as shock absorbers and allow movement of the spine

#### GENETICS

- No definite predisposition identified
- An inherited immunodeficiency (inability to develop a normal immune response) has been detected in a few cases

#### SIGNALMENT/DESCRIPTION OF PET

##### Species

- Dogs
- Cats—rare

##### Breed Predispositions

- Large- and giant-breed dogs, especially German shepherd dogs and Great Danes

##### Mean Age and Range

- Mean age—4–5 years of age
- Range—5 months–12 years of age

##### Predominant Sex

- Males outnumber females by approximately 2:1

#### SIGNS/OBSERVED CHANGES IN THE PET

- Onset usually relatively sudden (acute); some pets have mild signs for several months before examination
- Pain—difficulty rising, reluctance to jump, and stilted gait are most common signs
- Wobbly gait (known as “ataxia”)
- Weight loss and lack of appetite (known as “anorexia”)
- Lameness
- Draining lesions or tracts
- Single or multiple areas of pain along the spine in more than 80% of affected pets

- Any disk space of the spine may be affected; the lower back (lumbosacral space) is involved most commonly
- Weakness of the legs (known as “paresis”) or paralysis, especially in chronic, untreated cases
- Fever in approximately 30% of affected pets

## CAUSES

- Bacterial infection—*Staphylococcus intermedius* is the most common bacterial cause; others include *Streptococcus*, *Brucella canis*, and *E. coli*, but virtually any bacteria can be causative
- Fungal infection—*Aspergillus*, *Paecilomyces*, *Scedosporium apiospermum*, and *Coccidioides immitis*
- Grass-awn migration often is associated with mixed infections, especially *Actinomyces*; tends to affect the second through fourth lumbar (L2–L4) disk spaces and vertebrae
- Other causes—surgery, bite wounds

## RISK FACTORS

- Urinary tract infection
- Infection in gums around the teeth (known as “periodontal disease”)
- Bacterial heart infection (known as “endocarditis”)
- Skin infection (known as “pyoderma”)
- Immunodeficiency (condition in which the pet has an inability to develop a normal immune response)

## Treatment

### HEALTH CARE

- Outpatient—mild pain managed with medication
- Inpatient—severe pain or progressive nervous system deficits and signs require intensive care and monitoring
- Pets that cannot walk (known as “nonambulatory patients”)—keep on a clean, dry, well-padded surface to prevent the development of “bed sores” (known as “decubital ulceration”)

### ACTIVITY

- Restricted

### DIET

- Normal

### SURGERY

- Surgical scrapping (known as “curettage”) of a single affected disk space—occasionally necessary for pets that are not responsive to antibiotic therapy
- Goals—remove infected tissue; obtain tissue for bacterial culture and sensitivity and for microscopic (histologic) evaluation
- Relieve pressure on the spinal cord (known as “decompression”) by surgically removing a portion of bone in one or more vertebrae (surgical procedures are known as “hemilaminectomy” and “dorsal laminectomy”)—indicated when the pet has substantial nervous system problems and spinal cord compression is evident on myelography (a special type of x-rays [radiographs], where contrast dye is injected into the space around the spinal cord to allow visualization of the spinal cord); when no improvement is seen with antibiotic therapy; also perform surgical scrapping (curettage) of the infected disk space; it may be necessary to perform some type of surgical stabilization of the spine

## Medications

Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered as all inclusive

### ANTIBIOTICS

- Selection based on results of blood cultures and sensitivity testing and *Brucella canis* serum testing (serology)
- Negative culture and serology results—assume causative organism is *Staphylococcus*; treat with a cephalosporin (for example, cefadroxil) for 8–12 weeks

- Suddenly progressive signs or substantial nervous system deficits—initially treat with injectable antibiotics (for example, cefazolin)
- Brucellosis—treated with tetracycline and streptomycin or enrofloxacin
- Initial therapy—cephradine; cloxacillin
- Pets that do not respond to initial antibiotic therapy (known as “refractory patients”)—clindamycin, enrofloxacin, orbifloxacin

## ANALGESICS

- Signs of severe pain—treated with an analgesic (for example, oxymorphone)
- Taper dosage after 3–5 days to gauge effectiveness of antibiotic therapy

## Follow-Up Care

### PATIENT MONITORING

- Reevaluate after 5 days of therapy
- No improvement in pain, fever, or appetite—reassess therapy; consider a different antibiotic, aspirate the affected disk space by passing a sterile needle through the skin and using a syringe (known as “percutaneous aspiration”) or by surgery
- Improvement—evaluate clinically and with x-rays (radiographs) every 4 weeks

### PREVENTIONS AND AVOIDANCE

- Early identification of predisposing causes and prompt diagnosis and treatment—help reduce progression of clinical signs (such as fever, pain) and nervous system signs

### POSSIBLE COMPLICATIONS

- Spinal cord compression secondary to development of excessive bone and scar tissue
- Fracture or dislocation of the backbone (vertebra)
- Inflammation of the membranes of the spinal cord (known as “meningitis”) or inflammation of the spinal cord and its surrounding membranes (known as “meningomyelitis”)
- Abscess involving the dura mater (known as an “epidural abscess”)

### EXPECTED COURSE AND PROGNOSIS

- Recurrence is common if antibiotic therapy is stopped prematurely (before 8–12 weeks of treatment)
- Some pets require prolonged therapy (1 year or more)
- Prognosis—depends on causative organism and degree of spinal cord damage
- Mild or no nervous system dysfunction (dogs)—usually respond within 5 days of starting antibiotic therapy
- Substantial weakness (paresis) or paralysis (dogs)—prognosis guarded; may note gradual resolution of nervous system dysfunction after several weeks of therapy; treatment warranted
- *Brucella canis*—signs usually resolve with therapy; infection may not be eradicated; recurrence common

## Key Points

- A bacterial or fungal infection of the intervertebral disks and adjacent bone of the spine (vertebral bodies)
- Recurrence is common if antibiotic therapy is stopped prematurely (before 8–12 weeks of treatment)
- Some pets require prolonged therapy (1 year or more)
- Response to treatment is very important in determining need for further diagnostic or therapeutic procedures
- Immediately contact your pet's veterinarian if clinical signs progress or recur or if nervous system deficits develop

# Notes

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