Young Scientists’ Pages

Conservative versus surgical treatment of spondylodiscitis

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Abstract

Early diagnosis and aggressive initial treatment are essential for a satisfactory outcome of patients with spondylodiscitis. However, management strategies are still controversial. Aiming to compare the results of conservative and surgical treatment of patients with spondylodiscitis, a review of the current literature was conducted by using the online Pubmed database and the following keywords: (“treatment” OR “management” OR “therapy”) AND (“vertebral osteomyelitis” OR “spondylodiscitis” OR “spinal infection” OR “discitis”). The search included only comparative prospective or retrospective studies, comparing conservative versus surgical management, in terms of outcome and complications. Initially, 407 studies were identified after a primary search on the online Pubmed database. Finally, 14 studies were included in the review (12 retrospective and 2 prospective studies). In conclusion, the initial treatment of spondylodiscitis should be conservative with bed rest, bracing and proper antibiotic treatment lasting for at least 8 weeks. However, in cases of neurological deficit, abscess formation, deformities and failure of conservative management, surgical treatment is required. Although conservative treatment is associated with a higher rate of chronic back pain and long-term deformities, it is also associated with a lower mortality rate in comparison to surgical management. Perioperative complications still remain an issue in surgically treated patients; however, patients’ satisfaction and quality of life are higher compared to those of conservatively treated patients, indicating that treatment of spondylodiscitis should be individualized taking into consideration patients’ clinical presentation, imaging studies and the virulence of the responsible pathogen.

**Key Words: spondylodiscitis ; vertebral osteomyelitis; spinal infection; treatment; Management**

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