

Groin Pain Resulting From Spondylodiscitis

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Financial Disclosures:
None reported.

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A 58-year-old man presented with a 1-month history of dull right groin pain without back pain or fever. He denied a history of steroid use, diabetes mellitus, human immunodeficiency virus infection, intravenous drug use, or recent dental procedures. Physical examination revealed an indurated right groin without a cardiac murmur. Laboratory studies revealed the following: white blood cell count, $17000/\mu\text{L}$ (83.1% segmented neutrophils); hemoglobin, 9.3 g/dL; platelet count, $757000/\mu\text{L}$; creatinine, 0.6 mg/dL; and 1 of 2 blood cultures positive for *Streptococcus intermedius*. Results of computed tomography of the thigh revealed a $10.9 \times 5.7 \times 3.8 \text{ cm}^3$ fluid collection, representing rupture of the fluid from the spine

into the iliopsoas and retroperitoneum (image A). A magnetic resonance image of the lumbar spine demonstrated abscess extension from the T12-L1 neural foramen and vertebral end plate and disk inflammation consistent with spondylodiscitis (image B). The patient was given intravenous ceftriaxone (2 g every 12 hours) for 12 weeks. All cultures of the fluid collection and subsequent blood cultures were negative for *S intermedius*. (doi: 10.7556/jaoa.2013.054)

Suggested Reading

Zimmerli W. Vertebral osteomyelitis [clinical practice]. *N Engl J Med*. 2010;362(11):1022-1029.

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