

## ANTERIOR AND POSTERIOR FUSION OF CERVICAL SPINE IN OSTEOMYELITIC PROCESS OF SEVERAL VERTEBRAL BODIES: A CASE REPORT

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A 52-year old male patient was initially examined because of short-term bronchopneumonia by the primary healthcare physician who prescribed antibiotic therapy that calmed the cough and lowered the temperature. In the following period, the patient started to complain of periodic febrile and subfebrile episodes. One month after the first symptoms of bronchopneumonia, the patient experienced pain in the neck and numbness in his right hand. After approximately ten days, the patient began to experience weakness in both legs and in the right hand. During the examination at the Clinic for Infectious Diseases, severe spastic paraparesis developed. MRI and MSCT scans showed compression of the medulla at the C5 and C6 level, with signs of destruction of the C5 and C6 corpuses.

The progression of the neurological deficit necessitated complete removal of corpuses C5 and C6 and partial removal of corpus C7 which were then replaced by inserting an artificial implant made of acrylate. Anterior stabilization was performed, followed by the posterior cervicothoracic stabilization.

After the intervention, there was an improvement in the neurological deficit. Neurological restitution was achieved one month after surgery. Regular X-ray and MSCT check-ups were performed after 3 and 6 months, as well as after one year. The finding showed good decompression and stabilization. The patient was stable and with no neurological deficits.

Acute osteomyelitic processes of the spine, accompanied by the development of neurological deficits, require urgent surgical procedures and spine reconstruction by using allotransplants and 3D fixation, in combination with intensive antibiotic therapy administered during a long period of time. *Acta Medica Medianae 2016;55(2):50-56.*

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