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Images in medicine

Diskitis

A 70-year-old man was admitted to the hospital because of lumbar pain and sweats. Thirty years earlier, he had had a spine trauma resulting in vesical sphincter dysfunction necessitating intermittent urethral catheterization. Six months before entry, he was treated for septicaemia secondary to an urethrotomy for stricture. During the current hospitalisation, his temperature rose to 38°C and blood cultures yielded colonies of *Streptococcus milleri*. Magnetic resonance imaging of the lumbar spine showed decreased T1-weighted signals of L2 and L3 vertebral bodies (figure, A) but an increased T2-weighted signal of the intervertebral disk (figure, B). These images, reflecting

an increase in water content, were consistent with a diagnosis of diskitis. Needle biopsy of the disk confirmed the presence of *S milleri*. Pathophysiology can be explained by the previous septicaemia and/or the urinary tract manipulation, making possible a spread of the infection through Batson's plexus, a peri-vertebral valveless system in communication with pelvic veins.

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