DEFERRED SPINAL CORD STIMULATION SYSTEM INFECTION.

Rincón Gómez-Limón E., del Pozo C., Ahijado J.M., del Valle S., González Sicilia C., García J.

Hospital Universitario Puerta de Hierro de Majadahonda, Dept of Anaesthesiology, Reanimation & Pain Medicine, Majadahonda, Spain

BACKGROUND

- Spinal cord stimulation has been used as a chronic pain treatment for decades.
- One of the most frequent complications of this technique is the infection of the stimulation system, that may need antibiotic treatment or even the removal of the system, increasing the costs and the patient's drug consumption.
- The major part of the reported cases of spinal cord stimulation system infection (SCSSI) have been encountered in the first months after the system placement, consequently, the efforts to reduce the infection rate have been focused on the perioperative technique.

CASE REPORT

We reported a case of a 49 year old woman, who was treated in our Pain Unit for years. She was diagnosed with chronic pelvic pain with urinary incontinence and FBSS. She was treated with sacral stimulation and epidural electrodes with satisfactory results.

After several surgical revisions, last one in June 2013, the patient came to our Unit in April 2015 reporting a new bulk in lumbar region, diagnosed as a nonspecific collection by ultrasound examination. She did not have inflammation symptoms or signs, nor temperature. She only complained about pain in the affected area. In June 2015, the patient had more hot and painful bulks on lumbar incisions and gluteal areas. The patient also reported dizziness, headache, and neck stiffness. We made a magnetic resonance with this conclusion: "posterior epidural soft tissue thickening between L1-T9, suggestive of infection". We decided to remove the stimulation system and began antibiotic treatment with amoxicillin and clavulanic acid for 15 days. After the treatment, the patient healed completely. We did not obtain positive microbiology cultures, but the magnetic resonance image disappeared after treatment.

DISCUSSION AND LEARNING POINTS

- Even though SCSSI typically appears in the first months, it can also appear years after the placement.
- Bulks on lumbar incision are signs of alarm.
- There are no studies published about this clinical presentation, and we do not know if the microorganisms are the same that cause the perioperative infection. In this case the treatment with amoxicillin and clavulanic acid for 15 days and removing the system was enough to solve the problem.