

DISKITIS IN THE TODDLER- A TYPICAL CASE REPORT**G.M. Oliveira¹, M.S. Aroso¹, M. Montes², A.P. Aguiar¹**

¹*Department of Pediatrics* ²*Department of Orthopaedics, Hospital Pedro Hispano, Matosinhos, Portugal*
gioliveira@portugalmail.pt

In the evaluation of a young child who limps or refuses to stand or walk, the clinician must consider the spine as a possible etiology, to avoid overlooking certain underlying diseases which are less obvious than conditions involving the lower extremities or pelvis. Diskitis is an inflammatory lesion of the intervertebral disk that occurs uncommonly in children. Its pathophysiology remains poorly understood, although most authors propose an infectious cause. Magnetic resonance imaging is the diagnostic modality of choice and the hallmark of treatment is immobilization and (perhaps) antibiotics. We present the case of a thirteen-month-old male, who presented to the emergency department with a five week history of refusing to walk or stand. He was afebrile, irritable and tended to sit listing to the right side. The spine examination revealed a prominent lordosis. He was initially seen by an orthopedist for possible synovitis of the hip, and treated with ibuprofen, with no improvement. The diagnosis of spondylitis (L3-L4) was confirmed by MRI. Intravenous antibiotic therapy was administered for twenty one days, and he was immobilized with a cast, showing complete regression of symptoms after one week of treatment. So far no sequel has been seen. Interest in this pathology derives from the fact that it may be more common than previously recognized. This may be due to the availability of newer imaging modalities, especially MRI, which results in earlier diagnosis. An high index of suspicion and a prompt diagnosis are essential for prevention of neurologic damage or late bone deformity.

