

# Vertebral Osteomyelitis due to *Aspergillus fumigatus*

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## ABSTRACT

We report a case of 57-year-old diabetic man presented with progressive neck pain for 4 months followed by weakness and numbness of right arm. MRI of the cervicothoracic spine revealed osteomyelitis and diskitis of the C6-T4 spine with epidural and prevertebral phlegmon. Open bone biopsy and decompression of the T4-5 spine was done and the histopathology demonstrated degenerated fungal hyphae within necrotic cartilage. Bone tissues grew *Aspergillus fumigatus*. Amphotericin B was administered as a primary drug, followed by voriconazole. However, the treatment was subsequently discontinued due to drug-induced hypersensitivity. Amphotericin B was re-administered for 4 weeks, followed by oral itraconazole. After 2 months of the treatment, neck pain, weakness and numbness were improved. To our knowledge, this is the first case report of vertebral aspergillosis from Thailand. (*J Infect Dis Antimicrob Agents* 2011;28:197-202.)

**Note:** This case had been presented and discussed in the Interhospital Case Conference on Infectious Diseases (ICCID), 18 March 2011, Bangkok, Thailand.

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