

Spondylodiscitis Cervical After Radiotherapy Treatment of Posterior Pharyngeal Wall Carcinoma

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2. Key words

Osteonecrosis, Spondylodiscitis, Radiotherapy, Posterior pharyngeal wall, Post-therapy complication

1. Clinical Image

We report the case of a 68-year-old patient treated with radio chemotherapy for P16 negative T4N0M0 squamous cell carcinoma who developed spondylodiscitis following necrosis of the posterior pharyngeal wall. The patient's primary history included non-insulin-dependent diabetes, hypertension, dyslipidemia, sleep apnea syndrome, hyperthyroidism, occasional alcohol intoxication and an estimated 20PA withdrawal smoking habit.

Six months after the end of treatment, he presented with a major oral hemorrhage requiring emergency tracheotomy and evidence of posterior pharyngeal wall necrosis (Figure 1). An MRI scan showed an aspect of paravertebral collection and osteitis of the vertebral bodies from C2 to C 6 (Figure 2). Treatment with levofloxacin 500 mg / 12h and augmentin 2g/ 8 H was given for 6 weeks. After a therapeutic window, a new control MRI scan showed an evolutionary aspect in favour of C6-C7 spondylodiscitis with posterior wall recoil, which caused a localised mass effect on the spinal cord (Figure 3).

New samples taken endoscopically showed actinomyces and polymicrobial flora (*Escherichia coli*, *Pseudomonas aeruginosa*, *Staphylococcus aureus*, *Enterococcus faecalis* and *Corynebacterium amicolatum*). Antibiotic treatment with continuous Ceftazidime and Augmentin has been started. Despite this treatment the patient presented a worsening of his clinical condition with intra-channel spinal cord fistulization.



Figure 1: Necrosis of posterior pharyngeal wall

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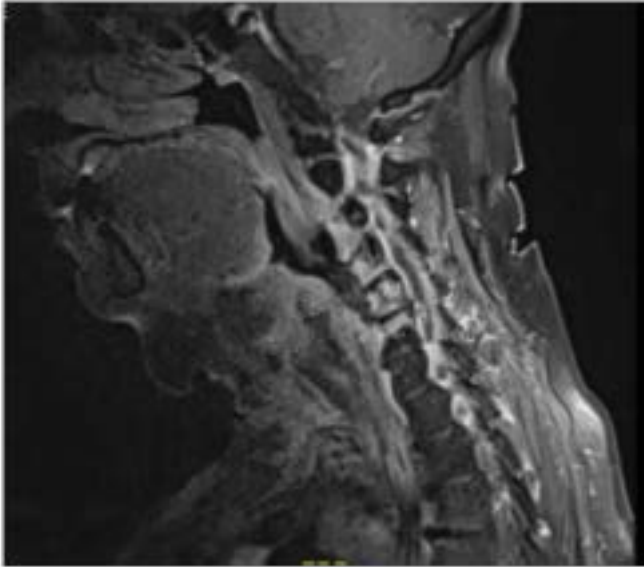


Figure 2: Cervical osteitis

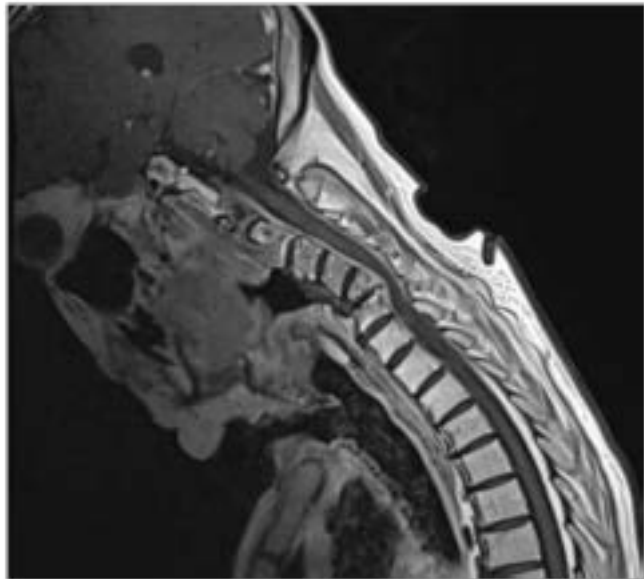


Figure 3: Spondylodiscitis with posterior wall recoil

3. Abreviation: Osteo-Radionecrosis (ORN)

Osteo-Radio-Necrosis (ORN) is one of the complications of radiotherapy in ENT cancers [1,2]. The combination of cervical ORN and spondylodiscitis is particularly rare [3,4].

References

1. Donovan DJ, Huynh TV, Purdom EB, Johnson RE, Sniezek JC. Août. Osteoradionecrosis of the cervical spine resulting from radiotherapy for primary head and neck malignancies: operative and nonoperative management. Case report. *J Neurosurg Spine*. 2005; 3(2):159-64.
2. Mnejja W, Siala W, Boudawara T, Ghorbel A, Frikha M, Daoud J. Ostéoradionécrose de la base du crâne après radiothérapie pour cancer du nasopharynx. *Cancer/Radiothérapie*. 2009; 13(6): 676-7.

3. Cheung JP-Y, Wei WI, Luk KD-K. Cervical spine complications after treatment of nasopharyngeal carcinoma. *Eur Spine J*. 2013; 22(3): 584-92.
4. Cheung JPY, Mak KC, Tsang HHL, Luk KDK. A Lethal Sequelae of Spinal Infection Complicating Surgery and Radiotherapy for Head and Neck Cancer. *Asian Spine J*. 2015; 9(4): 617-20.