

中文題目：針灸相關腰椎化膿性肌炎及脊髓腦膜炎:病例報告

英文題目：Lumbar para-spinal pyomyositis and spine meningitis associated with acupuncture: A case report

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Background: Acupuncture can be common usage for musculoskeletal pain management in Asia countries. The associated complications included bruising, bleeding, myositis, and pain acerbation. Rarely, the incidence of infection or septic arthritis was more serious. To our knowledge, there are no reports of complications related to para-spinal pyomyositis and spine meningitis in previous study.

Method: A case report.

Result and case history: This 69 years old patient with history of old stroke, hypertension and degenerative lumbar disease admitted due to progressive bilateral flank pain and right leg weakness since 2017/09/05. Low grade fever with leukocytosis with left shift of lab data was noted. Physical examination manifested: 1. right knee extension and ankle dorsiflexion muscle power decreased to 3+; 2. bilateral buttock pain with lumbar radiculopathy and buttock dural sign; 3. decreased deep tendon reflex symmetrically. The exacerbating factors of the low back pain included lumbar rotation and hyperextension. Night pain and resting pain was also complained in initial presentation. She could not walk due to the severe pain. Magnetic resonance imaging (MRI) without contrast showed: 1. degenerative disc disease involving the intervertebral discs of the lumbar spine; 2. 12th thoracic spine to first sacrum spine with marginal osteophyte and hypertrophic facet joints results in compression of the thecal sac and bilateral nerve roots. Lumbar MRI with contrast revealed 1. suspect adhesive arachnoiditis or spine meningitis from thoracic spine to sacrum; 2. left 2nd to 5th lumbar spine para-spinal muscles inflammation. Brain MRI and cervical MRI showed normal. Lumbar puncture was failure due to intolerance of the patient. Bone scan showed increased osteoblastic activity at lumbar spine and sacrum, indeterminate for osteomyelitis. Pyomyositis at left intrinsic back muscles around 12th thoracic spine to 5th lumbar spine and right intrinsic back muscles around 5th lumbar to 1st sacrum spine were diagnosed by Gallium scan. Sonography of lumbar found left 12th thoracic to 5th lumbar longissimus thoracic, and multifidus myositis around bilateral 5th lumbar spine, suspect infection related. Tracing to medical record and the patient's statement, she received acupuncture over her bilateral middle and low back 2 months before admission. The impression was para-spinal muscle pyomyositis and spin meningitis after acupuncture, and the bacteria source may from skin. After antibiotic of oxacillin 2000mg every 4

hours for one month, infection marker and the pain and weakness of the patient got improved gradually. She could walk for over 15 meters only with minimal assistance.

Conclusion: Acupuncture has some evidence of pain relief in low back pain in clinical trial studies, but it still has risk of deep infection. Spinal infection and pyomyositis can lead to radiculopathy and paraplegia. The severe complications following acupuncture may require long term antibiotics treatment or operative debridement.