



Clinical Image

Miliary Tuberculosis With Vertebral Involvement (Pott's Disease)<sup>☆</sup>



Tuberculosis miliar con afectación vertebral (mal de Pott)

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**Fig. 1.** (A) Multiple uniform nodules, approximately 1 mm in size, with diffuse, bilateral, random distribution, predominantly in the upper lobes, with no pulmonary parenchymal distortion. (B) Circumferential soft tissue mass showing peripheral enhancement, containing areas of trapped fluid. The mass has a significant prevertebral component and a small anterior epidural component, causing slight compression of the medulla, but with no compressive myelopathy. (C) Extensive changes in morphology and signaling of the dorsal vertebrae T8 and T9, with wedging in both, disc desiccation and subsidence of the upper T9 vertebral body.

A 68-year-old woman presented with a 15-day history of pain in the lumbar spine, dry cough, low-grade fever, and asthenia. Chest X-ray revealed a bilateral interstitial pattern, and computed tomography (CT) of the chest and abdomen showed multiple uniform nodules of around 1 mm in size, with diffuse, bilateral, random distribution, predominantly in the upper lobes, and loss of vertebral height in T8 and T9.

Magnetic resonance imaging (MRI) (Fig. 1B and C) confirmed extensive changes in morphology and signaling of the dorsal vertebrae T8 and T9, with wedging in both, and the presence of a soft tissue mass containing areas of trapped fluid, with a small anterior epidural component. This mass caused slight compression of the medulla but no associated compressive myelopathy was observed. Sputum smear and *Mycobacterium tuberculosis* PCR (XPRT MTB/RIF) in sputum were positive, so treatment began with isoniazid, rifampicin, pyrazinamide, and ethambutol, without complications.

Vertebral tuberculosis or tuberculous spondylitis is a chronic, slow-progressing disease.<sup>1</sup> Early symptoms are relatively non-specific, and include backache, vertebral sensitivity, fever, and weight loss.<sup>1</sup> MRI is not only the best method for determining spinal cord infiltration, it has also shown more accuracy than CT in detecting incipient tuberculous lesions.<sup>2</sup>

**Conflict of Interests**

The authors state that they have no direct nor indirect interests associated with the content of this manuscript.

**References**

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