

Case Report: Erector Spinae Abscess - Unusual Etiology of Back Pain

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Suppurative abscess or cellulitis is an unusual lesion that may be unfamiliar to many chiropractic specialists; this can make an accurate and timely diagnosis problematic. The symptoms involved with this disorder may present simply as traumatic back pain or vague lumbago.

Case History

A 53-year-old male presented to our practice with a three-week history of left-sided back pain. The patient was atypical in gait presentation, flexed forward with antalgic listing toward the painful spinal region. He actually presented for a chiropractic wellness examination, at his spouse's urging that he take active control of his hyperlipidemia and obesity conditions. The wellness examination did not move forward when the historical review of systems revealed a probable, significant and urgent underlying condition.

Further history revealed a complaint of chills. Motion palpation detected painful restrictions of the 12th thoracic and 3rd lumbar vertebrae, with spinous rotation left in relation to the vertebral body. Complete examination on disrobing detected a puncture-type mark (induration) in the left paraspinal region T12-L1, surrounded by a hot, erythematous region; approximately 5 inches by 3 inches. Inquiry into insect bites, and trauma history was nonconclusive. He reported that while at the pool several days earlier, his wife thought he had an "ingrown hair," and she reportedly attempted to excise it with her fingernails. He reported that "lots of junk came out" and that she had applied a heating pad and hydrogen peroxide.

He exhibited painful and restricted motion of the thoracolumbar spine, and lateral bending and extension triggered an extreme pain response. Oral temperature was recorded at 99.4° F. Complete blood count revealed leukocytosis or neutrophilia, neutrophils 82%, lymphopenia, lymphs 12%, absolute neutrophils 10.4 x 10³/ul, and white blood cell count 12.7 x 10³/ul. Initial radiographs were inconclusive and even lacking spondylosis findings.

In 24 hours, the patient was admitted to a local hospital for possible sepsis, under the care of a medical colleague, with chiropractic co-admittance privileges assigned. *Staphylococcus aureus* was cultured from the specimen, which required surgical lancing with open catheter drainage, accompanied by intravenous antibiotics administration over a one-week period.

Within 10 days, he subsequently returned to our practice for his "wellness exam." He was placed on a walking program, nutritionally supported with immunomodulating formulas and probiotic therapy; his subluxations, detected by motion palpation, responded well to chiropractic adjustments using diversified technique and flexion-distraction.

Discussion

Detailed examination is required to detect this disorder, and laboratory diagnostics are required to determine if medical co-care is warranted and to rule in (or rule out) your differential diagnosis.

Onset is typically subacute, and fever with chills may present in a couple of days. The primary source of infection was not known and not suspected as attributable to the ingrown hair or excision method. The patient had informed the hospital staff that he had a dental carie extracted two months prior ... one that he had "let go for some time." There was some discussion as to this as a likely primary infection source.

Motion palpation analysis was brought to the United States in 1981 and gained acceptance as a standard adjacent diagnostic tool for the chiropractic profession. Motion palpation is taught in chiropractic colleagues throughout the world. It is a diagnostic technique to locate joint dysfunction within the spinal column and extremities. This method of spinal analysis is based upon the theory that vertebrae cannot be displaced or remain displaced if some anomaly in the soft tissues (muscles, ligaments, articular capsule, etc.) does not cause and perpetuate its malpositions.

Diversified technique is the classic chiropractic technique, developed by D.D. Palmer, DC, and taught in all chiropractic colleagues. Diversified technique was refined and developed by the late Otto Reinert, DC, to address biomechanical failure in each section of the spine, as it relates to specific subluxations. The focus is on the restoration to normal biomechanical function, and correction of subluxations. In addition, diversified methods have been developed to adjust extremity joints, allowing for beneficial applications in treating sports injuries and other injuries.

Flexion-distraction, also known as Cox technique, is a blend of chiropractic principles with the osteopathic principles of Alan Stoddard, DO. Since the early 1970s, Dr. Cox has refined the technique, developed adjustment instruments and conducted clinical research.

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