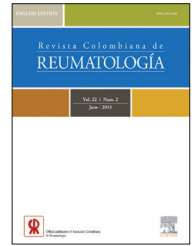


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Letter to The Editor

Forestier's Disease and Cervical Abscess[☆]

Enfermedad de Forestier y absceso cervical

A 62-year-old man, with no known drug allergies, toxic habits or relevant epidemiological antecedents, with a family history of father and brother died from pancreatic neoplasia; who underwent surgeries for post traumatic fracture of the radius and ulna, bilateral inguinal hernias and prostatectomy due to adenoma; not taking medication on a regular basis. The patient was admitted to our service after exhibiting during 10 days low cervical pain, without trauma, with onset of fever of 38.5 °C and chills 24 hours before his consultation. The detailed subjective anamnesis, performed by systems, did not reveal otorhinolaryngological clinical manifestations, dysphagia, headache or other types of symptoms. Physical examination highlighted tenderness in left paravertebral muscles at the level of C7, with no phlogistic or meningeal signs; several teeth with caries, rhythmic heart with no murmurs; normal abdomen, including digital rectal examination, no cutaneous lesions, no focal neurological deficits or other relevant alterations; normal vital signs.

It was performed a cervical CT scan which provided findings compatible with a 22 mm collection surrounding the C7 spinous process, with changes of myositis in the left posterior cervical muscles, spondylosis and ankylosis in cervical spine in relation to Forestier's disease (Fig. 1). Analytically, it was noted a basal fasting blood glucose higher than 126 mg/dl (confirmed in subsequent determinations), ESR 80 mm 1st h and CRP 8.17 mg/dl, being isolated cloxacillin sensitive *Staphylococcus aureus* (*S. aureus*) in all the blood culture flasks, as well as in the sample of the abscess obtained by ultrasound guidance. The study was completed with cranial and thoracic-abdominal-pelvic CT scans, transthoracic and transesophageal echocardiograms and evaluation by otolaryngologist, without obtaining other significant data. The analysis that included CBC, count, formula and coagulation, renal and hepatic function, electrolytes, ferric iron series, proteinogram, thyroid hormones and general urinalysis were normal. The results of the serologic tests for hepatitis B virus, hepatitis C virus, HIV, syphilis and the study of cerebrospinal fluid were negative.

Under these circumstances, the picture was interpreted as methicillin-sensitive *S. aureus* bacteremia in an immunocompetent patient, with cervical abscess as a secondary complication of underlying Forestier's disease, having prescribed a treatment with cloxacillin 1 g, every 8 hours, intravenously, for 14 days, completing the treatment on an outpatient basis with cephadroxil 500 mg, every 12 hours, orally, for 4 more weeks; showing good clinical, analytical and radiological evolution, with complete resolution of the condition.

Diffuse idiopathic skeletal hyperostosis or Forestier and Rotes-Querol disease was described for the first time at the cervical level in 1950.¹ It is defined as a non-inflammatory, ossifying enthesopathy of the spinal ligaments and tendinous insertions.² It prevails in white males and its incidence increases with the age.³ Its etiopathogenesis is unknown, but is associated with obesity, arterial hypertension, hyperuricemia or diabetes, as in the case of our patient.^{4,5} Clinically, it is usually asymptomatic, although it causes pain to a greater or lesser extent in 40-80% of patients. At the cervical level it can cause dysphonia, dyspnea, neurological symptoms or dysphagia.⁶ Radiological tests (mainly TC scans) are crucial for its diagnosis. At the cervical level, the most commonly affected vertebrae are the lower, as can be seen in Figure 1. The treatment is based on physical exercise and analgesics in case of pain. Surgery is reserved for severe cases of dysphagia or neurological manifestations.

We consider that this case is interesting because of its clinical relevance, since the community-acquired *S. aureus* bacteremia and, primarily, in the absence of an identifiable focus, as in our case, is a marker of complicated infection, occurring in more than 40% of distant infections (such as the cervical abscess) and complications of a diverse nature in more than 90% of them.^{7,8} After an exhaustive bibliographic search in the Medline database, we have found in the literature only one case of epidural abscess and osteomyelitis over an underlying diffuse idiopathic skeletal hyperostosis.⁹ In our case, Forestier's disease could act as a predisposing factor for

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Figure 1 – Radiological changes compatible with hyperostosis at the level of the cervical vertebral bodies.

a community-acquired *S. aureus* bacteremia, in an immuno-competent patient; hence the importance of undertaking a systematic study in order to establish an accurate diagnosis and start a treatment as early as possible.

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