

Mycotic spondylodiscitis, about a rare observation in a competent immuno-competent subject

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INTRODUCTION

Geotrichosis is an opportunistic mycosis that develops on a field of immunosuppression particularly neutropenia. Currently, three species of Geotrichum are described in human pathology: *G. candidum*, *G. clavatum* and *G. capitatum*.

Geotrichum is responsible for deep, localized or disseminated infections. Vertebral involvement is extremely rare. It can be done by blood with respiratory entrance door, or by inoculation of the fungus into the skin with extension from close to close.

We report an exceptional case of *Geotrichum Capitatum* spondylodiscitis in a diabetic patient without severe immunosuppression.

OBSERVATION

A 61-year-old man, diabetic for 10 years on metformin, has consulted several times in rheumatology for low back pain evolving for 6 months. Faced with the lack of improvement in symptoms under analgesic treatment, the additional examinations carried out objectified a slightly elevated CRP. Lumbar MRI showed lysis of the L4 vertebral tray, without collection. Infectious spondylodiscitis has been suspected. The IDR was negative. Wright's serology and card test were negative. The patient received a scanno-guided biopsy, the histological examination of which revealed filaments and spores, revealed by the special stains at PAS and GROCOTT. Mycological examination isolated a *Geotrichum Capitatum*. The search for another location or an underlying disease was negative. The evolution was favorable under antifungal treatment.

COMMENT

This is, to our knowledge, the fourth described case of bone involvement with *Geotrichum Capitatum*. The originality of this observation is based on the particular terrain, without severe immunosuppression, the osteoarticular localization and the non-disseminated localized character of the attack.

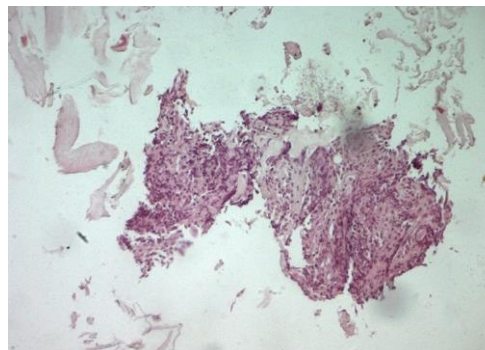


Figure 1: Histological image (HE G 100) showing a PNN-rich focal inflammatory infiltrate

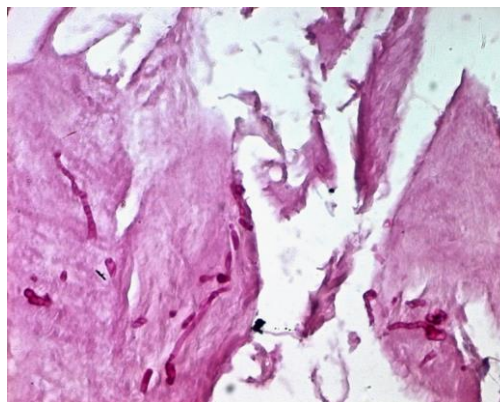


Figure 2: Histological image (PAS G 400) showing bone tissue formed by regular lamellae of normal morphology in which mycotic filaments and spores are observed

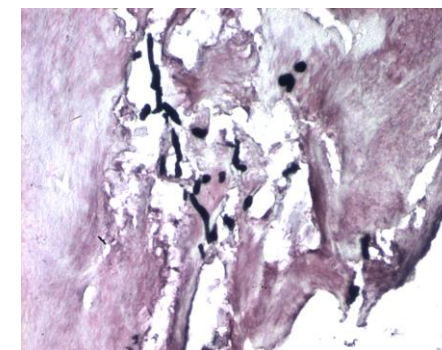


Figure 3: Histological image (Grocott G 400) showing bone tissue formed by regular lamellae of normal morphology in which mycotic filaments and spores are observed

CONCLUSION

Mycotic spondylodiscites are exceptional, especially in immunocompetent subjects in the absence of a gateway. This observation highlights the interest of the realization of special stains during histological examination for the identification of specific pathogens of a fungal infection.

References

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