

FACT SHEET — RED FLAG — URGENT

Spinal Infection

Discitis, osteomyelitis, and epidural abscess — rare but serious causes of back pain

■ ■ Seek urgent medical assessment if you have back pain with:

- Fever, night sweats, or feeling systemically unwell
- Recent spinal injection, back surgery, or invasive procedure
- History of intravenous drug use
- Known infection elsewhere in the body (skin, urinary tract, dental)
- Immunosuppression (steroids, chemotherapy, HIV, diabetes)
- Pain that is constant, severe, and not relieved by any position
- Progressive neurological symptoms alongside the above features

What spinal infection is

Spinal infection encompasses several conditions — discitis (infection of the intervertebral disc), vertebral osteomyelitis (infection of the vertebral body), and epidural abscess (collection of pus in the epidural space). These conditions are rare but serious, and delayed diagnosis is associated with significant morbidity including permanent neurological damage.

Type	Description
Discitis	Infection of the intervertebral disc, usually from bacterial seeding via the bloodstream. Most commonly <i>Staphylococcus aureus</i> . Often presents with severe back pain, fever, and elevated inflammatory markers.
Vertebral osteomyelitis	Infection of the vertebral body. May occur with or without discitis. Can cause vertebral collapse and spinal instability if untreated.
Epidural abscess	A collection of pus in the epidural space. Can cause rapid neurological deterioration from spinal cord or nerve root compression. A surgical emergency when neurological deficit is present.
Spinal tuberculosis (Pott's disease)	Haematogenous spread of tuberculosis to the spine. Less common in the UK but important in patients from or with travel to endemic regions.

Risk factors

- Recent spinal surgery, injection, or lumbar puncture
- Intravenous drug use
- Diabetes mellitus — particularly poorly controlled
- Immunosuppression (steroids, biologics, HIV, malignancy)

- Skin infection, urinary tract infection, or dental infection
- Infective endocarditis (heart valve infection)
- Renal dialysis

Diagnosis and treatment

Blood tests	CRP and ESR are usually markedly elevated. White cell count may be raised. Blood cultures are taken to identify the organism.
MRI spine	The investigation of choice. Shows disc and vertebral changes, paraspinal collections, and epidural involvement. Should be performed urgently if infection is suspected.
Antibiotics	Prolonged intravenous and oral antibiotics for 6–12 weeks or more, guided by culture results.
Surgery	Required for epidural abscess with neurological deficit, vertebral instability, or failure to respond to antibiotics.

Related fact sheets

Spinal metastases	Another serious structural cause of back pain requiring urgent assessment.
Red flag back pain — overview	The broader context of back pain requiring medical investigation.
Cauda equina syndrome	Emergency that can arise from epidural abscess.

Get your personalised report — or speak to a specialist

To receive this fact sheet by email, or to book a consultation, use the options below.

Get this report by email

We will send this fact sheet with your personalised assessment summary.

Your name

Email address

Send Me the Report

Your details are used only to send your report.

Book a consultation

Speak with a specialist. Leave your details and we will be in touch.

Your name

Email address

Phone number

Best number to reach you

Best time to call

e.g. mornings, weekday afternoons

Preferred contact method

Phone Video Email

Briefly describe your back pain

Main concern and duration

Request a Consultation

We aim to respond within one working day.

This fact sheet is produced by mybackpain.co.uk, powered by Osteospinal. For patient information only. Does not constitute medical advice.