

1

박성창 · 박승환 · 이호준 · 이경은 · 박동진 · 조영난
이성지 · 서성례 · 김태종 · 이신석 · 박용욱

= Abstract =

A Case of Brucellar Spondylitis Complicated by Acupuncture

Seong-Chang Park, Seong-Hwan Park, Ho-Jun Lee, Kyung-Eun Lee,
Dong-Jin Park, Young-Nan Cho, Sung-Ji Lee, Seong-Rye Seo,
Tae-Jong Kim, Shin-Seok Lee, Yong-Wook Park

*Department of Rheumatology,
Chonnam National University Medical School and Hospital, Gwangju, Korea*

Brucellosis is an endemic zoonotic disease, particularly in the Middle East and Mediterranean regions, and can involve many organs and tissues. Recently, the incidence of human brucellosis has increased rapidly in Korea. Brucellosis may often appear as other infections and asymptomatic conditions because of its range of clinical manifestations. Therefore, its diagnosis is frequently missed or delayed. Early diagnosis of brucellar spondylitis is important for reducing the number and intensity of complications. Therefore, it should be included in a differential diagnosis of back pain with an unknown origin. Brucellosis is normally transmitted to humans by direct contact with infected animals or by the ingestion of unpasteurized dairy products. We report an unusual case of brucellar spondylitis complicated by acupuncture.

Key Words: Brucellosis, Spondylitis, Acupuncture

<접수일 : 2010년 2월 17일, 수정일 : 2010년 4월 8일, 심사통과일 : 2010년 4월 8일 >

※통신저자 : 박 용 욱

광주시 동구 제봉로 671번지
전남대학교병원 류마티스내과

Tel : 062) 220-6275, Fax : 062) 225-8578, E-mail : parkyw@jnu.ac.kr

본 논문은 교육과학기술부의 재원으로 한국연구재단의 지원을 받아 수행된 연구임(2009-0070590).

서 론

증 례

환 자: 63

(1,2).

주 소:

현병력: 3

(3). 1939

Brucella abortus

2002

과거력: 3

(4).

가족력 및 사회력:

이학적 소견: 36.0°C, 110/

70 mmHg, 88 / , 20 /

(5-7).

(4,7).

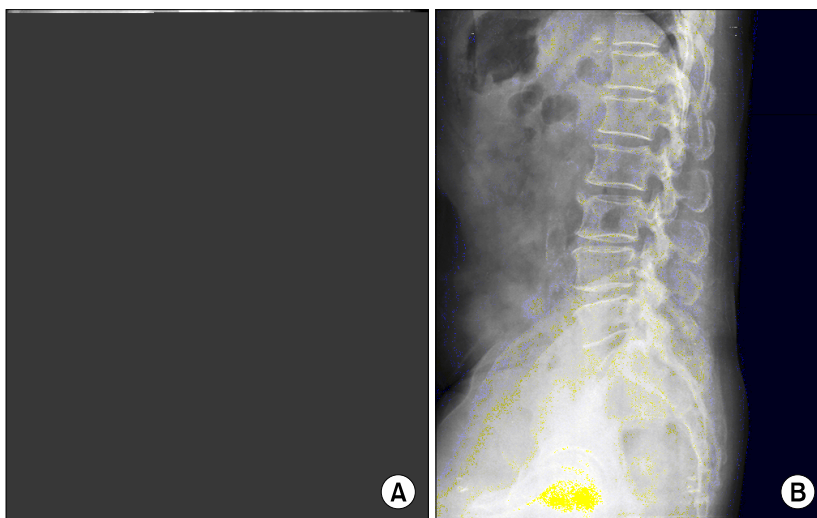


Fig. 1. Anteroposterior (A) and lateral (B) plain radiographs show osteophyte formation on the lumbar vertebral bodies along with multi-level narrowing of the intervertebral disc spaces, which is indicative of degenerative lumbar spondylosis. There is no radiographic evidence of bone destruction in the vertebral bodies on the plain radiographs.

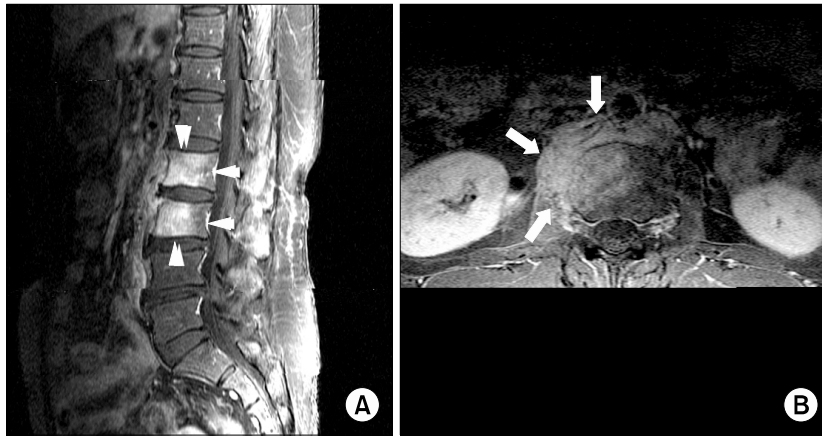


Fig. 2. Sagittal (A) and axial (B) post-contrast T1-weighted MR images show diffuse bone marrow enhancement (white arrow heads) in the L2 and L3 vertebral bodies along with paravertebral soft tissue thickening and enhancement (white arrows). Note the relative sparing of the intervertebral disc spaces.

검사실 소견: 5,900/
mm³ (58.6%, 29.6%) 12.6 g/dL,
338,000/mm³, (ESR) 68 mm/hr,
C- (CRP) 1.75 mg/dL
BUN/Cr 21.3/0.6 mg/dL, AST/ALT 26/17 U/L,
/ 7.5/4.4 g/dL, LDH 405 U/L,
0.65 mg/dL, 140 mg/dL
pH 7.0, , 0~1/HPF,
<1/HPF

방사선 소견:

2, 3 (osteophyte)
3, 4 (intervertebral surface)
(1).
2, 3
3, 4 4, 5
(lumbar disc hernia-
tion)
(2).

치료 및 경과:

(cefazolin) 1
, BacT ALERT 3D system
(3).

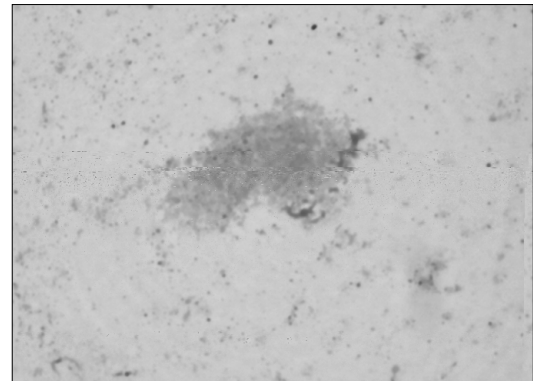


Fig. 3. Gram stain blood smear using BacT ALERT 3D system shows the typical appearance of aerobic gram negative coccobacilli (original magnification, $\times 1,000$).

고 찰

1 B. melitensis, B. abortus,
, 6 B. suis, B. canis
2 , , abortus (3).
3

— : —

, , , , (1-3), .

, , . , , 6

, , (4). (1-4,7,10-14).

, , , , , , ,

(standard tube ag- , , ,

glutination test, STA) 1 : 160 , , .

(Brucella antibody titer)

4 . , (4). ,

quantitive real time PCR (8). (3).

2 ~ 60%

(9). ,

(1,3,10). ,

. 2000 3

2002 2003

16 , 2004 47 , 2005 158

(15). ,

. ,

(gibbus) 요약

(9,10),

, (11), 2002

, (tuberculin skin test) QuantiFERON-

TB . ,

, ,

참고문헌

- 1) Yilmaz E, Parlak M, Akalin H, Heper Y, Ozakin C, Mistik R, et al. Brucellar spondylitis: review of 25 cases. *J Clin Rheumatol* 2004;10:300-7.
- 2) Bodur H, Erbay A, Colpan A, Akinci E. Brucellar spondylitis. *Rheumatol Int* 2004;24:221-6.
- 3) Lee HJ, Hur JW, Lee JW, Lee SR. Brucellar spondylitis. *J Korean Neurosurg Soc* 2008;44:277-9.
- 4) Park MS, Woo YS, Lee MJ, Shim SK. The first case of human Brucellosis in Korea. *Infect Chemother* 2003;35:461-6.
- 5) Young EJ. An overview of human brucellosis. *Clin Infect Dis* 1995;21:283-9.
- 6) Pappas G, Akritidis N, Bosilkovski M, Tsianos E. Brucellosis. *N Engl J Med* 2005;352:2325-36.
- 7) Kim YS, Sill CY, Oh WS, Kwon KT. Clinical characteristics of human Brucellosis in South Korea. *Infect Chemother* 2006;38:334-43.
- 8) Navarro-Martinez A, Navarro E, Castano MJ, Solera J. Rapid diagnosis of human brucellosis by quantitative real-time PCR: a case report of brucellar spondylitis. *J Clin Microbiol* 2008;46:385-7.
- 9) Turunc T, Demiroglu YZ, Uncu H, Colakoglu S, Arslan H. A comparative analysis of tuberculous, brucellar and pyogenic spontaneous spondylodiscitis patients. *J Infect* 2007;55:158-63.
- 10) Aydin G, Tosun A, Keles I, Ayaslioglu E, Tosun O, Orkun S. Brucellar spondylodiscitis: a case report. *Int J Clin Pract* 2006;60:1502-5.
- 11) Ozaksoy D, Yucesoy K, Yucesoy M, Kovanlikaya I, Yuce A, Naderi S. Brucellar spondylitis: MRI findings. *Eur Spine J* 2001;10:529-33.
- 12) Solera J, Lozano E, Martinez-Alfaro E, Espinosa A, Castillejos ML, Abad L. Brucellar spondylitis: review of 35 cases and literature survey. *Clin Infect Dis* 1999;29:1440-9.
- 13) Tur BS, Suldur N, Ataman S, Ozturk EA, Bingol A, Atay MB. Brucellar spondylitis: a rare cause of spinal cord compression. *Spinal Cord* 2004;42:321-4.
- 14) Daglioglu E, Bayazit N, Okay O, Dalgic A, Hatipoglu HG, Ergungor F. Lumbar epidural abscess caused by brucella species: report of two cases. *Neurocirugia (Astur)* 2009;20:159-62.
- 15) Korea Center for Disease Control and Prevention. Current situation of human brucellosis in Korea. *CDMR* 2006;17:1-7.