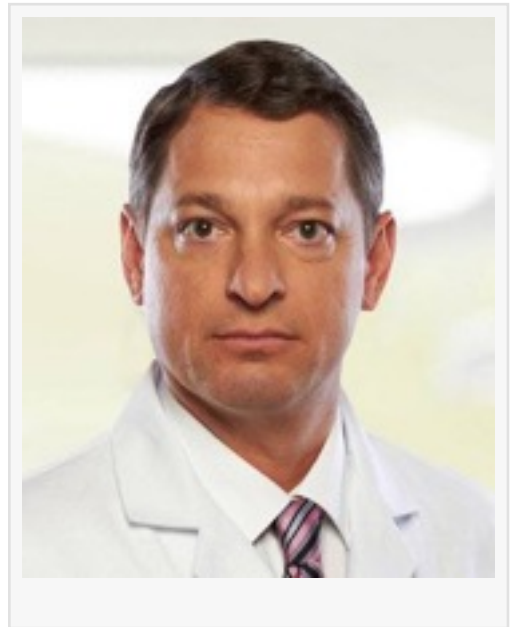


# Epidural Abscess: Emergent Surgical Evacuation is the Mainstay of Treatment

*Prompt surgical decompression and evacuation with concurrent antibiotic treatment seem to be state-of-the-art therapy for such a condition.*

SANTA BARBARA , CALIFORNIA , UNITED STATES , August 10, 2023 /EINPresswire.com/ -- "Irrespective of the age group, in the presence of acute neurological deterioration, surgical treatment should be performed aiming to preserve the patient's neurological status or to prevent further worsening. Concurrent antibiotic treatment ... is mandatory to stop further progression of the infection." ... Dr. Pavlina Lenga, *Neurosurgical Review* (2023) 46:96, April 2023.



Greg Vigna, MD, JD, national pharmaceutical injury attorney, "Dr. Lenga is spot on when she wrote, 'Prompt surgical decompression and evacuation with concurrent antibiotic treatment seem to be state-of-the-art therapy for such a condition, especially in the presence of neurological deficits' as her study revealed 'surgical management led to significant improvements in laboratory and clinical parameters in all age groups'."

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We are seeing a disturbing trend where surgical intervention is being delayed as physicians are considering conservative treatment with IV antibiotics."

*Greg Vigna, MD, JD*

Dr. Vigna states, "We are seeing a disturbing trend where surgical intervention is being delayed as physicians are considering conservative treatment with IV antibiotics especially in older patients because of the concerns for surgical risks related to comorbidities such as kidney disease and heart disease. We are seeing physicians delay surgical intervention when there are slight motor deficits noted on examination and they are moved to the ICU for close follow-up only to decompensate in the middle of the night when the treating neurosurgeon is not present."

Dr. Vigna adds, "Surgical decompression with IV antibiotics of an epidural abscess is the best course in an overwhelming majority of cases even when there is subtle or slight neurological weakness. From my experience, neurological decompensation is not uncommon even when

placed on IV antibiotics. It is very difficult, even in the best surgical ICU, to reliably test the neurological status of these patients because they are often confused because of the infection or because of pain medications. Acute pain interferes with manual muscle testing as patient participation in exams may vary. Most importantly, the same neurosurgeon who provided the neurological examination on admission is not at bedside 24/7."

Dr. Vigna concludes, "Dr. Lenga in her article wrote that epidural abscess has 'increasing mortality rates for this serious disease, ranging from 15 to 23%'. These patients are at risk of dying. The focus must be centered on emergent surgical decompression to preserve neurological function as death may come with or without surgery even in those with significant risk factors that predict mortality."

Dr. Vigna is a California lawyer who focuses on catastrophic neurological injuries and has a national litigation practice. He is Board Certified Physician in Physical Medicine and Rehabilitation, Certified Life Care Planner, and an expert on spinal cord injury, cerebral palsy, cauda equina syndrome, stroke, and traumatic brain injury. Vigna Law Group has a non-exclusive association with Ben Martin Law Group, a Dallas Texas firm. Ben Martin is a national pharmaceutical attorney and personal injury attorney in Dallas, Texas.

To learn more about Spinal Epidural Abscesses and Spinal Cord Injury, [click here](#).

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<https://link.springer.com/article/10.1007/s10143-023-02003-6>

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