

# Spinal Epidural Abscess: Red Flag Warning Signs, the 'Classic Triad'

*Investigating cases of neurological loss from spinal epidural abscesses in patients who were previously discharged from care centers without diagnostic testing*

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Back pain, fever, and neurological deficits are the classic red flag warning signs of spinal epidural abscess. Failure of a physician, an NP, or a PA to obtain a STAT MRI is negligent conduct.”

*Greg Vigna, MD, JD*

“Neurological deficits are considered the last presenting factor of a typical spinal epidural abscess triad: The first being back pain and the second fever ... Only 0.8% of patients do not have spinal epidural abscess when all three criteria are met”... Evan Cohen, MD, Surgical Science. Vol.14, No.8, August 2023.

What else did Dr. Evan Cohen say in the article: “Extensive Spinal Epidural Abscess: Cord Compression with Permanent Neurological Defects”?

“Once correctly identified, surgical incision and drainage is a mainstay of treatment ... Delayed diagnosis can lead to worsening abscesses, permanent neurological damage, and can be fatal. Time is a crucial indicator for determining the treatment source concerning the reversal and preservation of neurological function.”

Read Dr. Cohen’s article: <https://www.scirp.org/journal/paperinformation?paperid=127151>.

Dr. [Greg Vigna, MD, JD](#), national neurological injury attorney, “Back pain, fever, and neurological deficits are the classic red flag warning signs referred in this study as the spinal epidural abscess triad that is very specific to this diagnosis if a patient presents with these symptoms and signs. Failure of a physician, nurse practitioner, or a physician assistant to obtain a STAT MRI is negligent conduct.”

Dr. Vigna adds, “Patients with epidural spinal abscess often present to emergency departments or urgent care facilities with back pain or neck pain, with or without fever, and it is imperative that patients receive a thorough history and physical examination so a STAT MRIs can be obtained before catastrophic neurological loss. Other associated factors obtained in a thorough history may trigger the indication for a STAT MRI such as the severity of pain, the progressive

nature of the pain, the disability caused by the pain, the presence of bilateral symptoms, and bowel and bladder dysfunction, with or without incontinence.”

Dr. Vigna concludes, “We are investigating cases of patients with neurological loss from spinal epidural abscesses who were previously discharged from urgent care centers and emergency room departments without any diagnostic testing. The literature supports the position that persons who present to emergency departments with new onset back pain with or without fever and without symptoms or signs of neurological loss from a history of IV drug abuse should be sent for a STAT MRI of the spine as these patients are at significant risk for epidural abscess. A study from Louisiana reviewed 45 patients with IV drug associated spinal epidural abscesses, and it was determined that less than half of these patients presented without neurological loss.”



Dr. Greg Vigna

To see Louisiana Study:

[https://thejns.org/focus/view/journals/neurosurg-focus/46/1/2018.10.FOCUS18449.xml?tab\\_body=pdf-27560](https://thejns.org/focus/view/journals/neurosurg-focus/46/1/2018.10.FOCUS18449.xml?tab_body=pdf-27560)

Greg Vigna, MD, JD, is a national [malpractice attorney](#) and is Board Certified in Physical Medicine and Rehabilitation, and is a Certified Life Care Planner. The [Vigna Law Group](#) along with Ben C. Martin, Esq., of the Martin Law Group, a Dallas Texas national pharmaceutical injury law firm, jointly prosecute hospital malpractice including delays in treatment of epidural abscess and sepsis.

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