



Spinal Infection: Discitis, Vertebral Osteomyelitis and Spinal Abscess

One-page summary of the full Spinemathema guide. Scan the QR code for the full guide, with references and audio.

Key points

- Spinal infection affects the discs, the bones of the spine (vertebrae) or the tissues around them. It is uncommon but serious.
- It is more likely in older people and in people with diabetes, a weakened immune system, recent spinal surgery or injections, injecting drug use, or an infection in the bloodstream or heart valves.
- The main symptom is constant back or neck pain that does not settle with rest. Fever is common, but many people do not have one.
- Diagnosis relies on blood tests (including CRP and blood cultures) and an MRI scan. If you are stable, a needle biopsy is often taken before antibiotics start.
- Most people are treated with a long course of antibiotics, usually 6 weeks in total, and sometimes up to 12 weeks. Surgery is needed if nerves are under pressure, there is an abscess or the spine is unstable, or if treatment is not working.

Call 999 or go to A&E if you have back or neck pain together with:

- New weakness, numbness or tingling in your legs or arms, or difficulty walking.
- Loss of feeling around your genitals or bottom.
- Difficulty passing urine, or new loss of bladder or bowel control.
- Signs of sepsis, such as confusion or slurred speech, uncontrollable shivering, difficulty breathing, blue, grey or blotchy skin, or passing little or no urine.

If you have back pain and feel hot, cold, shivery or generally unwell, ask for an urgent GP appointment or contact NHS 111. Mention it if you have had recent spinal surgery or a spinal injection, have diabetes or a weakened immune system, or inject drugs.

Not sure how urgent it is? Call NHS 111. More warning signs: spinemathema.com/warning-signs

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General information only, not personal medical advice.

If you are worried about your symptoms, contact your GP, NHS 111, or in an emergency call 999.

Written by Mr Ahmed-Ramadan Sadek, Neurosurgeon.



Scan for the full guide