

## **Abstract**

Spinal tuberculosis, also called Pott's disease is an extrapulmonary tubercular infection often complicates with osteomyelitis and spinal deformities. Compressive myelopathy in spinal tuberculosis is due to bony destruction, granulation tissue and cold abscess formation. The characteristic features of atypical spinal tuberculosis are disc sparing, posterior vertebral involvement and extradural compressive myelopathy without bony involvement. There is a diagnostic difficulty in atypical spinal tuberculosis. Hence, the collective of clinical, histopathological, laboratory, and radiological evidences help to arrive at the diagnosis. In this case, A 38-year-old male with uncomplicated Diabetes Mellitus (DM) presented with acute onset of both bilateral lower limbs weakness with numbness and urinary retention for 6 hours. His blood culture became positive for Methicillin Resistant Staphylococcus Aureus (MRSA) and the Magnetic Resonance Imaging (MRI) of spine showed the features suggestive for tuberculosis (TB). He was commenced on antitubercular treatment and was treated with intravenous antibiotics. Early detection and prompt treatment will prevent the adverse neurological outcomes in spinal tuberculosis.