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**Introduction:** Spondylodiscitis is an infection of the intervertebral disc and neighbouring bone. It is treated conservatively or surgically using a range of techniques. The aim of this review is to determine whether the surgical techniques between different countries have an effect on clinical outcome: postoperative complications, relapse rate, treatment failure rate or mortality rate. **Material and Methods:** Many articles were screened using Ovid and Pubmed databases for studies pertaining to the surgical treatment of spondylodiscitis. Paediatric studies, tubercular/brucellar/fungal/postoperative infection and case reports were excluded from this review. **Results:** The results shows that no differences in the outcome of surgery between countries was found, and reasons for this along with solutions for moving forward with comparing surgical techniques worldwide are noted. **Conclusion:** In conclusion, there is little to no difference in surgical outcome when treating spondylodiscitis across different countries. No surgical technique stood out as more effective so it may be beneficial to study more in depth the other clinical outcome in different countries to further analyse their surgical techniques.

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### P325: Is it Worthwhile to use Drains in Spine Surgery?

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**Introduction:** With the widespread awareness of morbidity and health care expenditure caused by Surgical Site Infection (SSI) in spine surgeries, a multi-faceted approach involving various peri-operative pharmacological and surgical measures were being ascertained to prevent its occurrence. The use of surgical drain remains as one such surgical measure. The practice was mainly started in spine surgery to prevent the formation of epidural haematoma which could cause neurological deficit by its mass effect on the cord and increasing the tension on the incisions resulting in wound-related complications. Wound drain being a double-edged sword, apart from aiding in SSI prevention, wound drains could cause retrograde infection, increase post-operative blood loss which increases

the need for blood transfusion. Hence, we aim to analyse the literature evidence available to support the usage of wound drain in various scenarios of spine surgery and provide an evidence summary on the surgical practice. **Materials and Methods:** We conducted independent and duplicate electronic database searches adhering to PRISMA guidelines in PubMed, Embase, and Cochrane Library till April 2020. Quality appraisal was done as per Cochrane ROB tool and evidence synthesis was done as per GRADE approach. 5 domains of spine surgery with associated key questions were identified. Evidence tables were generated for each question and critical appraisal done as per the GRADE approach. **Results:** 23 studies (9-RCTs,4-Prospective studies,10-Retrospective studies) were included. Analysis of studies in cervical spine either by anterior or posterior approach and single/multilevel thoracolumbar spinal surgeries did not show any evidence of reduction in surgical site infection (SSI) or haematoma formation with the use of drain. Deformity correction surgeries and surgeries done for trauma or tumour involving spine also did not find any added benefit from the use of wound drains despite increasing the total blood loss. **Conclusion:** Evidence from this review suggests that routine use of drain in various domains of spine surgery does not reduce the risk of SSI and their absence did not increase the risk of haematoma formation. The current best evidence is presented with its limitations. High-quality studies to address their use in spine surgeries in cervical, trauma, and tumour domains are required to further strengthen the evidence synthesised from available literature.

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### P326: Pyogenic Vertebral Osteomyelitis in Tyumen Regional Hospital No.2 from 2006 to 2017 Years

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**Introduction:** pyogenic vertebral osteomyelitis (PVO) is the disease which is both life-threatening and hard to diagnose; it is also characterized by late diagnosis. PVO that was diagnosed at an early stage and had no complications responds well to non-surgical treatment. Late diagnosis can lead to the vertebral destruction, instability, abscess formation; in such cases, the surgical treatment has to be applied. Case complications and risk factors increase the number of