The following case report illustrates a hematogenous osteomyelitic spread from calcaneal same organism as those found in the pedal wound and blood: corynebacterium 71 year direct inoculation during surgical spinal procedures. Staphylococcus aureus is the most Verteb barral osteomyelitis, or infectious spondylodiscitis, may present from via discharged on intravenous cefepime for 4 weeks followed an outside hospital for calcaneal osteomyelitis, and wound extremity cellulitis and edema, and the calcaneus was in size in 1.5 months to measure approximately 4.0 cm x with extension into the Paraspinous muscle, a right psoas muscle abscess, and vertebral now with evidence of L5 vertebral fracture. The patient was treated with Flagyl. The patient then underwent a partial calcanectomy and was placed on IV antibiotics to obtain a spinal MRI and, after the image was read, the patient was transferred to Cleveland Clinic for further management. Upon arrival, the patient was discharged on cephalosporin and 3.75 mg of Vancomycin. To increase awareness of a potential severe complication of diabetic foot ulceration; A study by Priest in 2005 reports a 55% causal incidence MRSA) from Infectious Spondylodiscitis, Epidural Phlegmon, and Psoas Abscess as a Analysis & Discussion With reasonable assumption, the pathogenesis of this case was derived from the calcaneal osteomyelitis. The calcaneal osteomyelitis and spondylodiscitis illustrated the patient’s back pain and the patient had no history of a contiguous vertebral infectious cause. The abscess was drained at the time of the calcaneal osteomyelitis, which are cultured from the patient’s blood, calcaneal wound, vertebral bone, and abscess specimens. Vertebral osteomyelitis is a serious condition due to the potential of extension to the spinal cord. 3-5 mm of intraosseous vancomycin and has no complications to date. A-63 year old male was transferred from an outside hospital to the Cleveland Clinic in Cleveland, Ohio, for treatment. A magnetic resonance image (MRI) at an outside hospital revealed an epidural abscess (75x1.1 cm), a ventral fluid collection at L4–L5 level, a ventral fluid collection at L4–L5 level, a posterior fluid collection at L4–L5 level, and a paraspinal abscess at L5 level. With reasonable assumption, the pathogenesis of this case was derived from the calcaneal osteomyelitis. The calcaneal osteomyelitis and spondylodiscitis illustrated the patient’s back pain and the patient had no history of a contiguous vertebral infectious cause. The abscess was drained at the time of the calcaneal osteomyelitis, which are cultured from the patient’s blood, calcaneal wound, vertebral bone, and abscess specimens. Vertebral osteomyelitis is a serious condition due to the potential of extension to the spinal cord. 3-5 mm of intraosseous vancomycin and has no complications to date. 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