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Adult patients with spontaneous spondylodiscitis usually present in elderly population with diabetes mellitus or systemic infection. This 29 years old women, previously healthy, reported chronic low back pain with acute exacerbation in five days prior to her visit. The severe pain radiated to right leg and made her disability in walking. There was no fever, no travel history, no contact history, and no wound. Neurologic examination revealed right L4/5 dermatome paresthesia and her muscle power was full over four extremities. The lab data showed leukocytosis and elevated C reactive protein level. The dynamic plain film of lumbar spine showed L4/5 spondylolisthesis. The Magnetic Resonance Imaging of lumbar spine showed mild L4/5 degenerative spondylolisthesis and diffuse posterior herniated disc, with right lateral ruptured sequestrum compromising L4 foramino-outlet nerve root. She was admitted to general ward and she received laminectomy and facetectomy then. During operation, purulent material was collected. The lumbar spine specimen and blood culture both identified methicillin-resistant *Staphylococcus aureus*. She received vancomycin then. Trace back her history, she worked as a nurse and denied any Intravenous drug abuse. The survey for HIV and autoimmune disease were also negative finding. There was no evidence of infective endocarditis by transthoracic echocardiography. The clinical presentation in this case was atypical in two aspects. First, the relative young age was not fit in bimodal distribution in spondylodiscitis; second, she did not have any related comorbities.

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