

## AN UNUSUAL CASE REPORT OF HIP JOINT SEPTIC ARTHRITIS COMPLICATED WITH FEMUR OSTEOMYELITIS AND PANDIAPHYSITIS IN A CHILD

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**Introduction:** Pediatric articular infection and osteomyelitis reported an incidence of 10 and 25 per 100,000 children in developed countries and a higher incidence in developing countries<sup>1</sup>. These are both rare and uncommon, but important diseases that affects previously healthy children. We presented a case of previously treated left hip joint septic arthritis which complicated with subacute osteomyelitis and pandiaphysitis of the femur.

**Discussion:** A 5years old boy hospitalized for meningism and acute left hip septic arthritis fulfilling 4 Kocher's criteria. Ultrasound shows hip joint effusion. Blood cultures and sensitivity grows MSSA. X-ray over left hip and femur was normal. He was treated with 6 weeks course of Cloxacillin (2 weeks intravenous and 4 weeks oral). Left hip arthrotomy wash out performed, intra-operative samples grow negative cultures. Unfortunately, after completed antibiotic, he presented with septic dislocation of the left hip joint, pus discharge from a sinus over the incision site, and x-ray shows femur osteomyelitis with pandiaphysitis, raised inflammatory markers, however, a negative growth from blood cultures. Open reduction, left hip joint arthrotomy washout and intramedullary clearance performed. Intra-operative culture grows MSSA. He was treated with 7 weeks of hip spica and high dose IV Cloxacillin for 6 weeks. Unfortunately, the patient defaulted follow up after cast removal.

**Conclusion:** Pandiaphysitis in children is rarely reported. This extensive infection is disabling and tenacious. In this case, a delayed operation consent, poor awareness, late presentation, poor socioeconomic status, and a declining CRP with concurrent inclining ESR could be a sign of quiescent infection. Faure D et al<sup>2</sup> reported all children recovered without sequelae of osteomyelitis with pandiaphysitis of the leg, however, since pandiaphysitis of the femur is rarely reported, limb length deformity, fix flexion deformity, joint stiffness, chronic osteomyelitis and other unknown sequelae is possible and require long term follow up.