# The Curious Case of The Crawling Child

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#### **INTRODUCTION:**

Tuberculosis remains a major cause of skeletal infection in developing countries.<sup>1</sup> Skeletal tuberculosis in the pediatric age group is uncommon with a reported incidence of 5-6% of pediatric extrapulmonary cases.<sup>2</sup> Hip tuberculosis constitutes nearly 20% of all cases of skeletal tuberculosis.<sup>2</sup> In this case report, we discussed the presentation, diagnosis, management and outcome of the patient.

#### **REPORT:**

A 2 year old boy with no known history of TB contact presented with limping gait and inability to weight bear, thus crawling, 2 week post trauma. MRI was done and releaved acute femoral neck osteomyelitis with joint collection. He underwent a left hip arthrotomy washout shortly. Synvovial fluid sample yielded AFB and Mycobacterium Tuberculosis in GeneXpert . Bone and synovial HPE showed chronic granumalatous inflammation with necrosis and multinucleated giant cells. Urgent first line anti TB (HRZE) was started during intensive phase for 2 months and subsequently stepped down to maintenance phase Unfortunately, recurrent infection over the same side happened after 3 months. Repeated MRI showed worsening bone involvement and abscess formation. 2<sup>nd</sup> arthrotomy washout was done. In view of synovial fluid culture from 1st operation shows resistant to pyrazinamide, levofloxacin was added to the regime. In recent clinic review, (postoperative 1 year), child shows excellent recovery. He is ambulating, running and jumping with well healed wound at the surgical site.

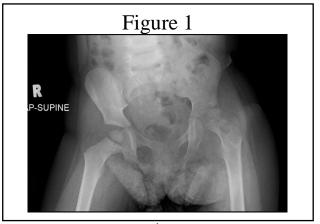


Figure 1: Xray prior 2<sup>nd</sup> washout



**Figure 2:** postop 4 months. (2<sup>nd</sup> washout)

## **CONCLUSION:**

Antituberculous drugs remain as mainstay of treatment.<sup>3</sup> Its early initiation combined with judicious surgical intervention are crucial to promote early healing and maintain hip function until adulthood.<sup>3</sup>

## **REFERENCES:**

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