Neglected Osteomyelitis In An Underprivileged Child With Multiple Pathological Fractures

¹Nold Imon G; ¹Shyful SN; ¹Cheng T; ¹Manharpreet SS; ¹Thanabalan T

¹Orthopaedic Department, Hospital Duchess of Kent, Sandakan, Sabah, Malaysia

INTRODUCTION:

Pathological fracture is a serious complication of osteomyelitis, especially in children. This is a case of late presentation of osteomyelitis in a child who came with pathological fractures.

REPORT:

An 8 years old non local child presented to us with 3 days history of left shoulder and right thigh pain after a fall and fever for 1 month. White cell counts were normal but inflammatory markers were raised.

Xray and MRI studies revealed pathological fractures of proximal humerus and distal femur, with presence of cloaca, sinus tracks, intramuscular and intraosseous collections.

We proceeded with open biopsy and drainage of left humerus and right femur. Intraoperatively, noted muscles unhealthy with sloughy tissue, bone appears necrotic. Cultures revealed *Staphylococcus Aureus*. After 5 days of intravenous Cloxacillin in ward, mother requested for child to be discharged early due to financial constraints. She completed 2 months course of total oral Cloxacillin.

3 months postoperatively, child can ambulate, however with limping gait due to shortened right lower limb. Inflammatory markers normalized.

CONCLUSION:

This child presented late to us and came with complication of osteomyelitis. This can be attributed by lower socioeconomic status and limited access to healthcare services. This reflects the dilemma in treating children who are underprivileged, risking delayed presentation and undertreatment.¹

Clinicians play a significant role in timely diagnosis and early detection to reduce risks of late presentations and associated complications.



Figure 1 (Proximal humrus):

- A) Lytic changes of proximal humerus extending to midshaft
- B) New callus formation
- C) Intramuscular collection at lateral aspect of proximal humerus. Cortical disruption of humeral head



Figure 2 (Distal Femur):

- A) Lytic changes of the distal femur
- B) Malunion of the distal femur
- C) Intramuscular collection at lateral aspect of distally, with intraosseous collection



Figure 3 : Intraoperative images showing necrotic bone (White arrow) and unhealthy muscle (Blue arrow)

REFERENCES:

¹ Akinyoola et al., (2008) Pathologic fractures of long bones in Nigerian children, J Child Orthop 2:475-479