A Dilemma Of Limb Salvage Option In A Case Of 2 Decade Of Chronic Osteomyelitis.

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INTRODUCTION:

Management of chronic osteomyelitis remains a challenge in increasing patient morbidity and prolonged hospitalization. We report a 43 years old male who had 20 years of chronic osteomyelitis of the left femur due to the infection and pervasive wound that is unsalvageable he opted for amputation which was cost-effective compared to ilizarov external fixation.

REPORT:

A 43-year-old male with morbid obesity weighs 120 kg. He had a history of MVA in 1998 and sustained a closed fracture midshaft left midshaft femur complicated with osteomyelitis. Subsequently, another MVA in 2000 sustained open fracture distal femur done ilizarov external fixator, gentabeads insertion, and bone transport. Postoperatively, patient had intermittent exudative discharge from the sinus and pain but defaulted follow-up. He had another fall on 7/4/2023 and sustained a pathological unicortical fracture with chronic osteomyelitis with sinus tract formation and done multiple wound debridement. MRI on 6/11/2023 showed left femur chronic osteomyelitis changes involving mid and distal aspect with subperiosteal abscess, sinus tract formation, and surrounding muscle inflammatory changes. Eventually, he agreed for amputation and proceeded with left hip disarticulation on 21\12\23. Post-operative tissue cultures were MRSA. Then rewound debridement wound exploration, vacuum dressing, vancomycin, gentabeads, and bone cement insertion were done. Bone culture grew pseudomonas aeruginosa MRO - not sensitive to any antibiotics. Wound closure is slowly achieved with vacuum dressing, septic parameters normalized WCC 8.2 and CRP 6, and completed IV Meropenem and Vancomycin for 4 weeks as per ID.

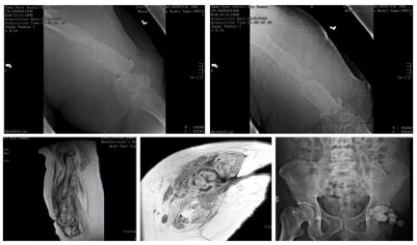

Figure 1: Show's imaging with the evidence of osteomyelitis

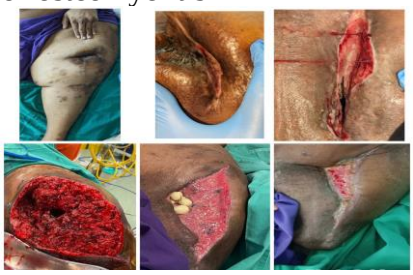

Figure 2: Show's preoperative, intraoperative and postoperative wound healing progress

CONCLUSION:

Despite, recent advancements of limb salvage surgery preferred he has achieved a goal of cure and wound closure post amputation and able to wheelchair ambulate. He has eradicated the disease burden and looking forward to ambulate with prosthesis.

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