

## Tenacious Staphylococcal Osteomyelitis

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### INTRODUCTION:

Paediatric osteomyelitis remains a challenge in Orthopaedic world as of now. We presenting a rare case of recalcitrant *S. aureus* osteomyelitis in children.

### REPORT:

A 9 year-old Malay girl presented with history of left leg intramuscular abscess. Patient had undergone incision and drainage and both blood and pus culture revealed *S. aureus*. Patient completed antibiotic and repeated blood culture showed resolution of infection. 2 months post discharge, patient presented again with pain at right leg for a week. Clinically erythematous skin and tender at proximal tibia. Astoundingly, x-ray shows pan-tibial osteomyelitis. Patient underwent incision and drainage, bone biopsy, corticotomy and intramedullary lavage of right tibia. Bone marrow, blood, bone and tissue cultures revealed *S. aureus*. Case also referred to Paediatric team for bacteremia, and patient started on high dose of cloxacillin and primary immunodeficiency disease (PID) screening was done. It is further complicated with pathological fracture of tibia. Tissue and blood cultures persistently yield *S. aureus* following another 3 course of drainage and intermedullary lavage. Patient had been in antibiotic therapy in total for 20 weeks with no resolution of OM. PID screening came as positive.



Figure 1: Xray during first visit for intramuscular abscess left leg



Figure 2: Xray shows progression into left pantibial osteomyelitis



Figure 3: Xray shows progression into pathological fracture left tibia

### CONCLUSION:

PID are often underrecognized and can significantly complicate treatment. In case of persistent chronic osteomyelitis in paediatric, the possibility of PID should be considered as it may impair the management of the patient. Early recognition and timely paediatric referral may bring superior outcome.

### REFERENCES:

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