Ankylosis Of Ankle And Subtalar Joint In Chronic Osteomyelitis Of Distal Fibula. A Case Report.

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INTRODUCTION:

Osteomyelitis remains a devastating condition of the foot and ankle, and remains challenging in treatment[1]. However, doctors target and patient satisfaction may differ due to prolonged treatment.

CASE REPORT:

A 47-year-old lady presented in 2011 with severe necrotizing fasciitis of the lower third of the right leg. She underwent surgical debridement of the infected region and the infection responded well to antibiotics. She was subsequently discharged from clinic follow-up upon complete healing of the surgical wound. However, one year later in 2012, she presented again to our clinic with purulent discharge from the lateral aspect of the right ankle and underwent two surgeries (once in September 2012, another in February 2013 (Figure 1)) to control the infection which included partial resection of the distal right fibula. Ankle radiographs at this point revealed osteomyelitic changes over the distal right fibula. The surgeries left the lateral aspect of the lower third of the fibula exposed due to inadequate soft tissue coverage. Tissue cultures grew *Klebsiella pneumoniae* and appropriate antibiotics were administered. The patient then refused any further surgical procedures. The patient was subsequently on a long course of antibiotics based on sensitivity to her previous tissue culture. Her erythrocyte sedimentation rate (ESR) levels were persistently above 75mm/hour; however, her C-reactive protein (CRP) levels remained consistently less than 5.

Over the course of 5 years, the patient experienced slow reduction of her right ankle pain. She was able to partially weight bear with a walking frame 2 years ago (2015) and for about one year (since 2016) the patient had been able to fully weight bear with heeled sandals. The patient was happy that she was able to ambulate without pain in-spite of having a persistent non-healing wound over the lateral aspect of the lower right leg. Upon examination, her ankle joint was ankylosed at 30-degree plantarflexion. Right ankle radiograph reveals an ankylosed tibiotalar and talocalcaneal joint.

Figure 1 Right ankle radiograph on February 2013

Figure 2 Right ankle radiograph on February 2017

DISCUSSIONS:

In view of patient refusal for any further surgical intervention, intermittent antibiotics was prescribed. Non healing of wound with persistent discharge is usually the complication, however in this case, patient was comfortable and able to ambulate after a period of time. The reduction of pain is due to the ankylosing of her right ankle and subtalar joint.

CONCLUSION:

Osteomyelitis around the ankle joint remains a challenge in treating. Ankylosis of the affected joint provides pain relief but limits movement. Further understanding of this outcome is needed.

REFERENCES:

1. Osteomyelitis of the Foot and Ankle: Medical and Surgical Management, Troy J. Boffeli