

Subacute Haematogenous Osteomyelitis (SHO) Of The Talus

Arunjit SS, Mohan

Department Of Orthopedics, Hospital Taiping, Jalan Taming Sari, 34000 Taiping, Perak

Primary subacute haematogenous osteomyelitis (PSHO) of the small bones of the foot is a rare and infrequently considered cause of a limp in children¹. Classical SHO typically found in the tibia especially at the metaphysis.². Typically the patient is a child that has pain in one of the larger joints which may or may not have swelling, muscle wasting in chronic cases, localized tenderness usually without systemic manifestation.²

CASE REPORT

This is the story of a 1 year 6 month old child who was referred to us after the parents found that their previously standing and walking child was unable to do so. Patient was referred to rule out non accidental injury (NAI) in view he was being taken care of at a daycare. NAI was ruled out. Patient however took medications from the clinic for fever a month ago. Examination revealed swelling over lateral aspect of left ankle with internal rotation. No other remarkable findings noted. X-rays revealed no fracture or lesions at that time. We initially treated the patient as transient synovitis and was covered with antibiotics. An appointment was given to review him in 2 weeks.

One day prior to review patient was admitted to pediatrics ward for similar complaints. Repeated xray in this admission revealed a lytic lesion at the talus. MRI revealed features suggestive of Brodie's abscess. Patient's family was counseled for biopsy but weren't keen and opted for antibiotic therapy. Patient was given intravenous antibiotics for 3 days and was then discharged with oral antibiotics for 2 weeks. Repeated MRI 4 months later shows no significant changes. All blood investigations including connective tissue markers were normal.

Patient is currently well, swelling has resolved with full range of movement of left ankle.

DISCUSSIONS

Reaching an early diagnosis can be challenging due to vague symptoms and poor history. A high index of suspicion must be present during the treatment of pediatrics patients with regular follow ups and repeated x-rays. MRI is

an important tool in diagnosis³. A needle biopsy or surgical sampling of infected tissue provides indispensable information especially in what antimicrobial therapy to start.²

CONCLUSION:

Brodie's abscess is difficult to diagnose because the classical signs and symptoms of the acute form of the disease are absent. Early diagnosis must be made so that the appropriate treatment may be started which may reduce the need for any invasive procedures.³

REFERENCE:

1. Primary subacute haematogenous osteomyelitis in children
MN Rasool-Bone & Joint Journal, 2001
2. Diagnosis of acute haematogenous osteomyelitis and septic arthritis: University Children's Hospital Basel Jan Bonhoeffer, Beate Haeberle, Urs B. Schaad.
3. Subacute Hematogenous Osteomyelitis: Are Biopsy and Surgery Always Indicated? Hamdy, Reggie C.