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A CASE OF PAEDIATRICS OSTEOMYELITIS : REVISITED

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يُونَيْتِي اِسْلَامِي اِنْتَارَا اِيْحْسِيَا مَلِيْسِيَا

Garden of Knowledge and Virtue

A CASE OF PAEDIATRICS OSTEOMYELITIS : REVISITED

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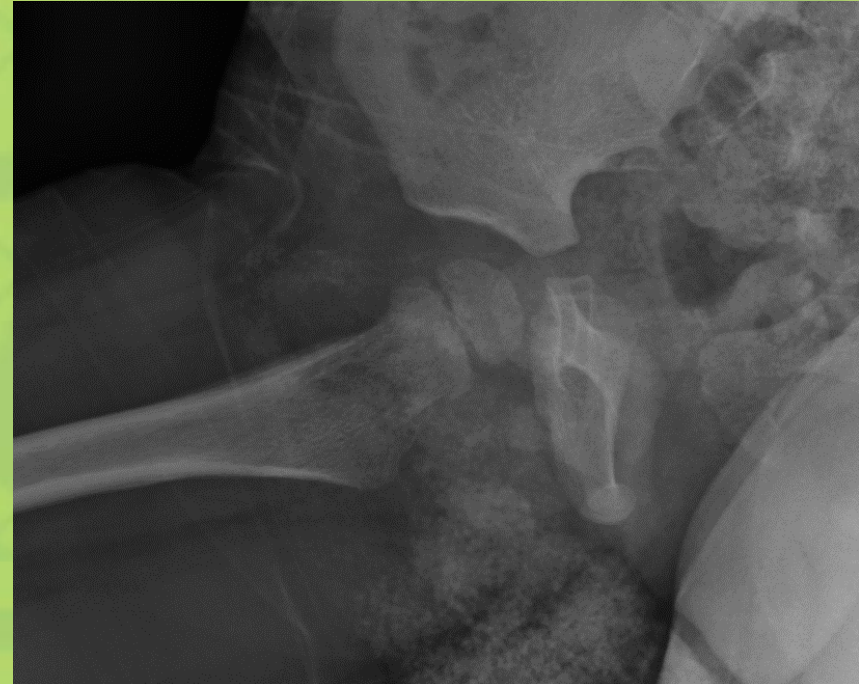
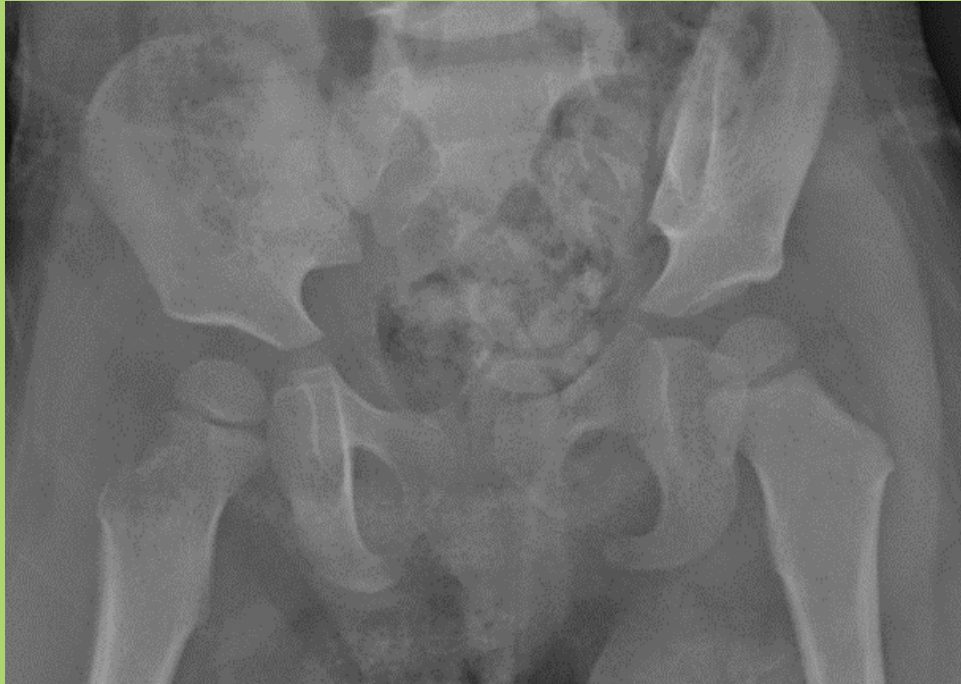
INTRODUCTION

- Incidence of osteomyelitis is 8/100000 children reported³ with gradual increment that affecting children less than 5 year-old
- Higher incidence in males, and frequently involve the hip, knee and ankles.
- Morbidities such as growth arrest can lead to permanent disability²

CASE REPORT

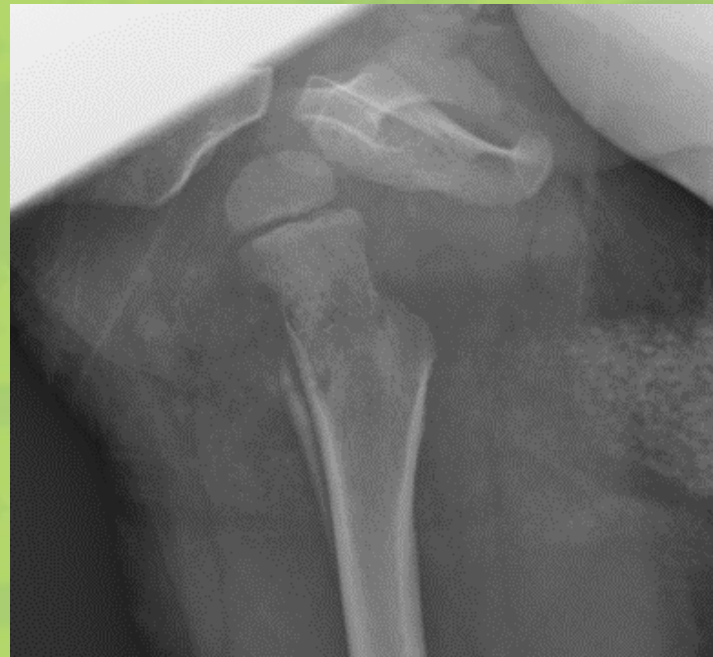
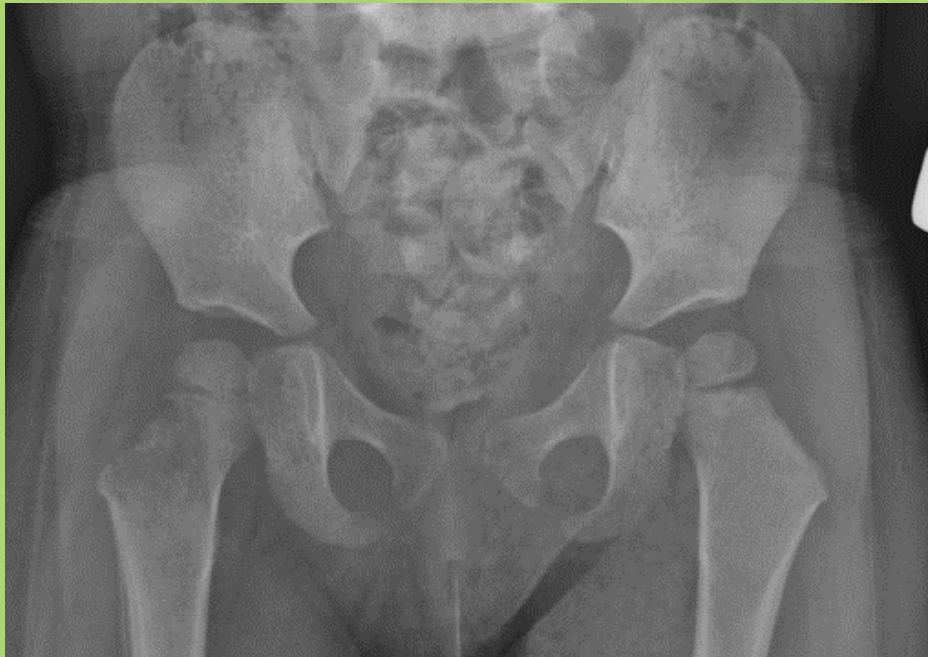
- 16 months old girl presented to us with painful limp of right hip for 2 days with history of fever and upper respiratory tract infection 2 weeks prior.
- Kocher criteria scored 3 but ultrasonography of the hip joint was negative for effusion.

- Pelvis radiograph showed lytic lesion of proximal femur.



- She was treated as subacute osteomyelitis parenteral cloxacillin

- Parenteral cloxacillin were given for 2 weeks
- Clinical and biochemical markers were reducing hence she was discharged with oral cloxacillin



- Total duration of antibiotics given was for 4 weeks before she represented with recurrent right hip pain without fever.
- Repeated radiograph showed worsening lesion and ultrasound showed suspicious early abscess formation.



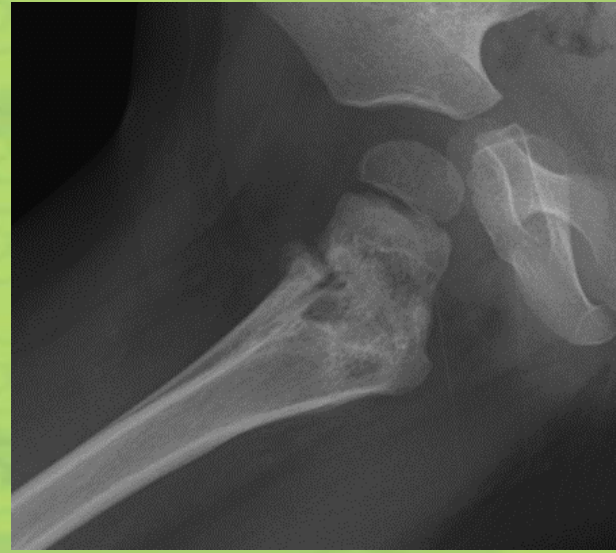
- She underwent surgical drainage of the collection and curettage of diseased bone and was put on hip spica as it involved about 60% of the cortical circumference for 6 weeks.



- Intravenous ampicillin and sulbactam is given in ward and discharge with oral amoxicillin-clavulanic acid as there was no syrup form of the previous antibiotics.
- Total duration of antibiotics given post operatively was 6 weeks.
- Hip spica also was kept for 6weeks before it was removed and weight bearing was allowed.
- All blood and tissue cultures taken were negatives.

RESULT

- At post op 6-month review, she obtained pain free full range of motion thou there was 1cm limb length discrepancy.



- Further review needed to assess any deformity in particular shortening or coxa valga, but unfortunately she was missing from the follow up.

DISCUSSION

- *Staphylococcus aureus* remains the commonest organism which account about 70% - 90 % of cases hence cloxacillin is the treatment of choice^{1,2,3}
- Streptococcal infection should be considered in child less than 5 years old¹.
- New arising pathogen leading to osteomyelitis is *Kingella Kingee*, which is usual commensal of oropharynx in children, affecting children with the age group of 6 months to 4 years reported³

- Positive blood cultures revealed in 55% of cases, hence antibiotics type is a dilemma in case of unresponsiveness.
- Combination of antibiotics or single antibiotics usage should cover the possible organism that may cause the infection.
- FDA reported combination of ampicillin and sulbactam is effective against staphylococcus, gram negative and positive organisms

- Involvement of greater trochanter physis arrest due to this disease may give rise to coxa valga⁴



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Thank you

