CHRONIC OSTEOMYELITIS IN A PATIENT FROM GAMBIA

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BACKGROUND

- Chronic osteomyelitis is a pathology characterized by a long-standing and recurrent clinical course; especially significant in developing countries.
- Its management usually requires both antibiotic and surgical treatment.

CASE PRESENTATION

17-year-old patient from Gambia

- 7-year history of bone pain in left lower limb (LLL) associated with abscessed lesions.
- Two surgical interventions and a 6-month course of parenteral antibiotics was administered in his country of origin.
- Exacerbations with discharge of purulent material along multiple fistulous paths treated with oral antibiotics.
- No BCG vaccination, no other symptoms, no significant previous history.

- CRP 12,5mg/l, ESR 58mm, fibrinogen 569mg/dl.
- Normal CBC, coagulation and other biochemistry tests
- Mantoux 0mm, negative Quantiferon
- Negative thick blood smear and PCR for Plasmodium
- Negative blood, urine, stool cultures, and parasites tests.
- Negative HIV, Syphilis, Schistosoma, Strongyloides, Toxocara canis serologies
- Chest Xray.: normal
- LLL Xray**: increased fibular radiolucency without corticomedullary differentiation, and irregular contours.
- MRI** findings: suggestive of chronic osteomyelitis with diffuse affection of the fibula and formation of bone sequestration and sequestra, extension of inflammation to soft tissues and collections in muscular compartment.
- Bone scintigraphy** didn't show other foci.

Given the suspicion of chronic osteomyelitis, surgery was performed with:

- resection of peroneal diaphysis
- fistulectomy
- debridement of left lower limb

- Anatomopathological** findings compatible with **chronic osteomyelitis**.
- Isolation in the biopsy: **Methicillin-sensitive Staphylococcus aureus**
- PCR Mycobacterium and other cultures: negative

Antibiotic treatment:

Parenteral rifampicin and cefazolin (14days) + oral cloxacillin and rifampicin (9months)

DISCUSSION

- Chronic osteomyelitis is a complex pathology, which requires a multidisciplinary approach; both surgical treatment and microbiological diagnosis are fundamental to optimize the treatment.