

OSTEOMYELITIS OF TIBIA MIMICKING TUMOUR

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Introduction: Night pain, swelling, constitutional symptoms, increased in inflammatory marker and plain radiograph would be misleading in making a correct diagnosis of bone infection or tumor. One may present with signs and symptoms of bone tumor, however turned up to a bone infection. Therefore, taking bone biopsy and culture are important in establishing the correct diagnosis of the disease before proceeding with MRI.

Discussion: We are reporting a case of 56 years old gentlemen complaining of left leg swelling for the past 3 months associated with night pain and significant lost of weight for the same duration. Laboratory marker showed increased in CRP however the TWCC was within normal range. Plain radiograph showed wide zone of transition with mix multiple lytic and sclerotic lesion and periosteal reaction of distal 3rd tibia. Histopathological report showed both lamellar and woven bone were rimmed by osteoblasts with occasional osteoclasts. The trabecular spaces were replaced by fibrous tissue and infiltrated by lymphocytes and plasma cells. No infiltrative growth pattern, cytologic atypia or mitosis. Features were in favor of acute on chronic osteomyelitis. Bone culture revealed Klebsiella spp. with sensitivity towards ampicillin. Patient was treated with 2 weeks IV antibiotic in the ward and showed significant improvement of his condition.

Conclusion: To establish the diagnosis of either bone infection or tumor may not be straightforward. Although radiographic analysis is important, making a distinction between the two conditions is difficult. The radiographic appearances of osteomyelitis can often be mistaken for various benign and malignant bone tumor¹. MRI which has high sensitivity, is useful in the detection of pathologic changes in bone marrow and can provide precise information about the localization and extent of an infection, but not about any specific findings for osteomyelitis¹. Hence, we conclude that taking bone biopsy and culture are crucial in establishing the correct diagnosis.