

ANKLE JOINT SEPTIC ARTHRITIS WITH SUBSEQUENT PAN-OSTEOMYELITIS IN A PAEDIATRIC PATIENT DESPITE EARLY TREATMENT AND SURGICAL DEBRIDEMENT: A CASE REPORT

Fatin Farhana Manas¹, Mohd Reza Mohd Aridz¹

¹Hospital Sungai Buloh

Introduction: Joint septic arthritis is undeniably regarded as an orthopaedic emergency for one simple reason to prevent progression into osteomyelitis. In the paediatric population, this complication can be devastating leading to lifelong significant physical impairment and psychological trauma. Various reports describe prompt management of joint septic arthritis with variable outcome. We describe a case of ankle joint sepsis arthritis with subsequent pan-osteomyelitis of the tibia in an unfortunate paediatric patient, occurring despite early treatment and surgical intervention.

Discussion: A 13 years old boy presented with diffuse swelling of the left ankle painful with serious discharging punctum around the lateral malleolus. His left ankle and knee range of motion was severely restricted and upon presentation, he was having fever. His C-reactive protein (CRP) was 15. Blood culture and sensitivity was negative. Initial plain radiograph showed no evidence of osteomyelitis. Surgical debridement and joint washout were done with a subsequent re-debridement and washout due to recurring symptoms. His clinical and laboratory parameters were initially improving before he eventually started having pain even on soft palpation along the tibia. Suspecting osteomyelitis, MRI was done and confirmed the diagnosis of pan-osteomyelitis (Fig. 1). Open biopsy, corticotomy and intramedullary washout were performed with findings of hemoserous fluid and tissue. Intramedullary tissue culture showed *Acinobacter calcoaceticus-baumannii* and *Pseudomonas putida*. His condition improved following treatment including completion of intravenous antibiotic for six weeks and he was discharged well. His ankle and knee range of motion remains normal.

Conclusion: Prompt diagnosis osteomyelitis should be considered when patients present with septic joints despite early treatment and surgical debridement done.