

## A RARE CASE OF INFANTILE BACILLE CALMETTE-GUÉRIN (BCG) OSTEOMYELITIS IN URBAN SETTING

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**Introduction:** Lytic lesions in growing bones are a cause for concern as it could denote underlying neoplasm. Infection should also be considered in such cases, and Mycobacterium tuberculosis is a known mimicker of more sinister pathology such as bone sarcoma.

**Discussion:** We report a case of a nine-month-old boy diagnosed with BCG osteomyelitis in his right proximal tibia. He presented with localized swelling at 6 months old, and subsequently developed reduced limb movement a week prior to admission. Laboratory investigations were unremarkable; he underwent incision and drainage where whitish creamy pus was drained. TB PCR confirmed presence of Mycobacterium tuberculosis and he was started on anti-TB treatment. TB culture eventually grew Mycobacterium bovis. He was fully immunized according to the Malaysian Immunization Programme, with no history of direct inoculation to the lower limbs. His diet consisted of breast milk, infant formula and no exposure to unpasteurized dairy products. He responded clinically and radiologically well.

**Conclusion:** Infantile hematogenous osteomyelitis is relatively uncommon but is associated with high morbidity if treated late. Mycobacterium tuberculosis as an infective etiology in childhood osteomyelitis is relatively common in endemic areas, but the bovine strain is rare. Despite its rarity, good outcome can be expected with prompt intervention.