

Calf Myositis Mimicking Infection-Paediatric : A Case Report

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INTRODUCTION:

Benign acute childhood myositis (BACM) is a self-limiting process characterized by sudden onset of muscle pain, more often calf pain, manifested by walking difficulty. Since many clinicians are not familiar with BACM, it is often misdiagnosed and interpreted as a more severe and complex disease.

REPORT:

5 years old boy, ADL independent with history of right femur epiphyseal plate fracture on July 2021 and treated conservatively. He presented with right lower limb swelling from thigh to calf region for 1-month duration. Mother claim swelling improving but child still refuse to ambulate and comfortable to keep the right knee in flex position. Otherwise no recent trauma and no other sign of infection on the previous fracture site. Child was initially admitted to pediatric ward for *Enterococcus faecalis* urinary tract infection and was commenced with antibiotic.

Physical examination reveals right calf mild swollen, right knee fix flexion position about 40 degree, not warm to touch, no skin changes, neurovascular intact.

Laboratory finding shows total white 8.7, C-reactive protein of 10.7 and erythrocyte sedimentation rate of 48. Initial urine culture show *enterococcus faecalis*, subsequently blood and urine culture show no organism. Connective tissue diseases screening negative.

Plain radiograph reported likely represent changes of hypervitaminosis C with right femoral epiphyseal plate fracture. Also noted metaphyseal flaring over right femur which indicate old fracture. Thus, proceed to ultrasound right lower limb shows right lower limb myositis. No focal calf collection. Child is

referred to physiotherapy for pain management and range of motion exercise.

CONCLUSION:

Symptoms of acute myositis are alarming and confusion both in parents and physicians. Benign acute childhood myositis does not require any invasive tests or medical therapy. Nevertheless, the onset may be mistaken for very severe neurological illness or infection/abscess.

REFERENCES:

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