

INTRODUCTION:

Fungal osteomyelitis is seen increasingly in immunocompromised and chronically ill patients. The most common fungal osteomyelitis pathogens are *Candida* species.

We present a case of systemic osteomyelitis of right femur by *Candida albicans* and *Pseudomonas aeruginosa* treated with targeted therapy.

REPORT:

69 year old lady with chronic diabetes and history of femoral nailing and cerclage wire of patella presented with fever, pain and swelling of right thigh for 2 weeks duration. Further history and examination revealed chronic vaginal discharge and multiple fungal lesions around the groin and abdomen.

Radiographs showed united femur and patella fracture. CT of the thigh showed multiloculated collection of the thigh especially at medial side and popliteal collection.

We proceed with debridement, removal of metal implant and intramedullary reaming. Intraoperative cultures grew *Candida albicans* in which intravenous Fluconazole was commenced. She underwent second debridement at Day 5 due persistent wound discharge. The second intraoperative culture grew *Pseudomonas aeruginosa*. She was given IV fluconazole and Tazocin for 6 weeks duration. Follow up ultrasonographic did not showed recollection. She was discharge well with normalized infective blood parameters, however oral Fluconazole was given to complete for 6 months.

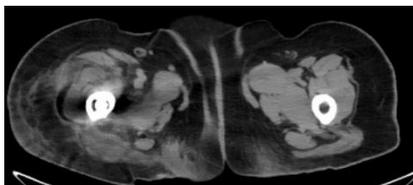


Figure 1: Preoperative CT scan showed multiloculated collection of thigh

Systemic fungal infection is usually associated with presence of certain risk factors such as generalized debilitation, steroid therapy and immunosuppressive patients. Osteomyelitis is most commonly caused by hematogenous spread of pathogen, for instance after infection of urogenital tract or skin. The outcome of fungal osteomyelitis primarily depends on antifungal therapy for 6-12 months as recommended by Infectious Disease Society of America and surgical interventions, when indicated.



Figure 2: Post operative xray

CONCLUSION:

Careful examination and high index of suspicion is important to prevent misdiagnosis especially in immunocompromised patient. In this patient, targeted therapy of antifungal led to successful outcome.

REFERENCES:

1. *Candida* Osteomyelitis: Analysis of 207 Pediatric and Adult Cases (1970–2011) Maria N. Gamaletsou
2. Candidal vertebral osteomyelitis: report of 6 patients, and a review, L Hendrickx

Discussion