SOMETHING FISHY ; A CASE REPORT ON SALMONELLA OSTEOMYELITIS

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INTRODUCTION:

Patients with focal non-typhoidal Salmonella (NTS) infection are commonly associated with haemoglobinopathies such as sickle cell disease or thalassemia. NTS species only rarely cause extra-intestinal focal infections in immunocompromised patients.

REPORT:

We report a case of left forearm abscess with intramuscular extension and proximal radius osteomyelitis. A 13 year old boy with underlying Sickle Cell Disease (SCD) and Thalassemia carrier , presented with acute onset left forearm pain and swelling , associated with fever. He had no history of food poisoning or recent travel to endemic areas.

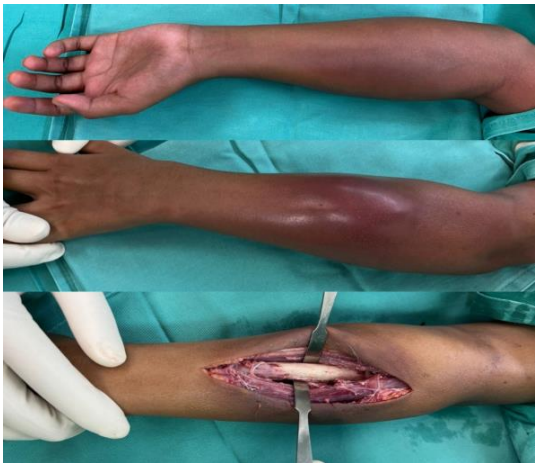

Figure 1 : Left forearm swelling (preoperatively) and sclerotic radius (intraoperatively).

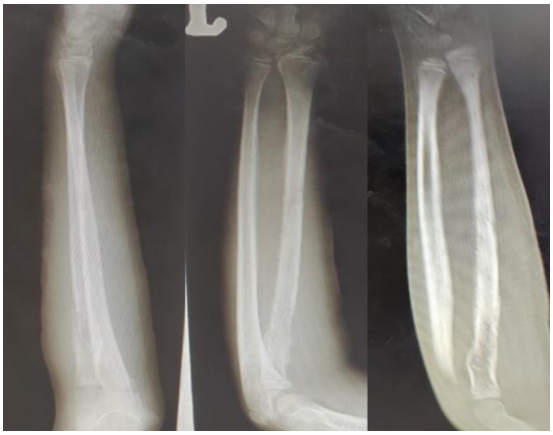

Figure 2 : Periosteal reaction and cortical erosion of the left radius.

Intraoperatively , pus collection breached volar compartment with sclerotic bone over proximal third of radius. Debridement and bone curettage was successful. *Salmonella species (non typhi)* was identified from bone and tissue samples. Intravenous ceftriaxone was administered for 1 week followed by oral bactrim (trimethoprim/sulfamethoxazole) for 6 weeks.

DISCUSSION:

While Salmonella Osteomyelitis are rare, it is typically a diaphyseal infection of long bones of which more than 50% of cases are associated with SCD[1]. Nearly 49% of sickle cell patients are carriers of a deletional thalassemia[2]. Thalassemia associated cases shows 1.68 fold increased risk of NTS infection[3]. The gold standard method for confirming thyphoid fever is isolation of *S.typhi* from bone marrow. In conclusion , early identification and use of appropriate antibiotics plays an important role for successful management.

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