From Malignancy To Infection In A Child: A Case Report

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INTRODUCTION:

Paediatric malignant bone tumours are very rare, and it is well known that multidisciplinary coordinated teamwork is essential to provide the best possible outcome to a child. Meanwhile for septic arthritis shoulder, also rare condition, with most reports citing a prevalence of 3–5% of all septic joints. When a doubtful lesion is observed in a child's bone, it is crucial to make a correct diagnosis, in a referral and experienced centre, with expertise in paediatric musculoskeletal oncology

REPORT:

We reported a case of 6-year-old girl with underlying Apert Syndrome presented with swelling and pain over right shoulder for 1 week duration. It was progressively increasing in size, However, there was no significant history of trauma or suggestive of infection. examination, right shoulder was swollen and tender with limited range of motion. X-ray showed erosion over growth plate. Ultrasound of right shoulder showed large deep-seated right arm collection which extended into the right shoulder joint and osteomyelitis of the right humerus. She was proceeded with incision and with arthrotomy drainage washout, Intraoperative findings showed no pus but unhealthy partially liquefied substance. Histopathological examination reveals reactive proliferation vascular giving differential diagnosis was vascular neoplasm myofibroblastic tumour. Henceforth MRI was done and report shows subperiosteal collection from proximal to distal humerus which suggestive of infection rather malignancy. In conjunction with,tumor marker and TB workout were negative. Tissue culture and sensitivity result equivalently no growth. In view of suggestive of infection, patient was on IV Imipenem for 6 week. Child symptoms improved and her general condition improved after completion of antibiotic.



Figure 1



Figure 2

Figure 1: Right shoulder xray.
Figure 2: post arthrotomy washout shoulder

CONCLUSION:

Symptoms and sign of a paedatric patient presented with either tumor or infection is relatively indistinguishable. Hence, thorough investigations need to accomplish to exclude deadlier disease.

REFERENCES:

 Justin W. Walker¹ , * and William L. Hennrikus- Septic Arthritis of the Pediatric Shoulder: From Infancy to Adolescence