

Pubic Symphysis Osteomyelitis – A Rare Encounter

¹Kah Sui, Tan; ¹Mohd Rusdi Bin Draman@Yusof; ¹Simmrat Singh A/L Jagdis Singh

¹Orthopedic Department, Universiti Malaya, Jalan Profesor Diraja Ungku Aziz, Kuala Lumpur, Malaysia

Introduction:

A pubic symphysis infection accounts for less than one percent of osteomyelitis infections. Due to nonspecific clinical signs that suggest acute gastrointestinal, urological, or gynaecological disorders, this illness is frequently misdiagnosed. [1] A case of pubic osteomyelitis misdiagnosed as acute cystitis and progressing to pubic bone abscess is presented.

Report:

A 61-year-old Malay woman with type 2 diabetes reported with one month of suprapubic pain and fever. Her pain lingered after a one-week intravenous antibiotic for acute cystitis. Pain radiated from the pelvic region to the medial left thigh. Her pain increased and rendered her bedridden a week before her presentation to us. Her abdomen, pubic symphysis and bilateral hips were tender with reduced range of motion. Both inguinal lymph nodes were palpable and tender.

Her infectious markers were elevated: white cell count 15.4×10^9 cells/L, C-reactive protein 316 mg/l, ESR 66 mm. Urine test and kidney-ureter-bladder radiograph negative. Contrast-CT scan pelvis showed a rim-enhancing collection measured 1.2 cm x 1.7 cm x 2.5 cm (APxWxCC) at the rectus abdominis insertion site with bone erosion.

IV Cloxacillin 2g QID was administered, which was consistent with subsequent blood culture results revealing methicillin-resistant *Staphylococcus Aureus* (MSSA). A CT-guided biopsy and drainage were performed, but aspiration failed.

Three weeks following antibiotics, the patient resumed walking with a walking frame. She was discharged on oral Sulfamethoxazole/Trimethoprim 1200/240 mg BD after three weeks of IV Cloxacillin. Six weeks following antibiotics, repeated blood cultures revealed no growth. After three months, her pain was

resolved, and she resumed her usual activities. No recurrence after one year follow-up.

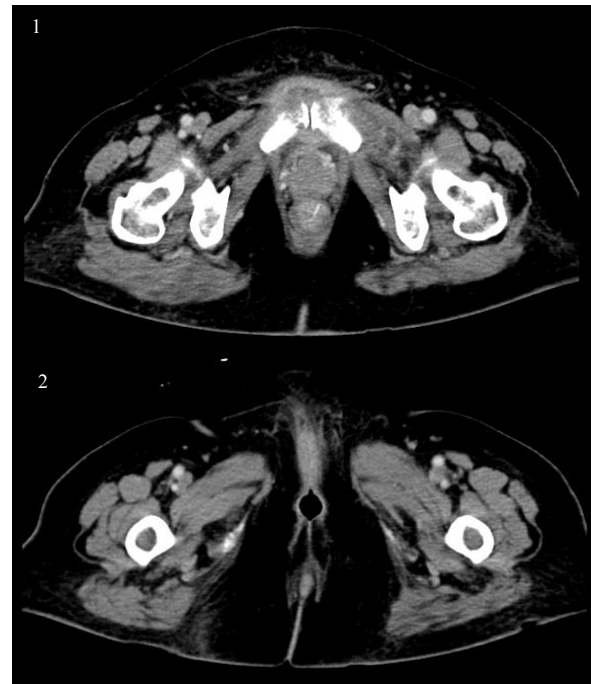


Figure 1: Contrast CT scan revealed ill-defined rim enhancing collection at the insertion of rectus abdominis and surrounding pubic symphysis measured 1.2x1.7x2.5cm (APxWxCC)

Figure 2: Thickened left obturator muscle explained patient's pubic pain radiating to left medial thigh

Conclusion:

A more accessible CT scan could help diagnose the uncommon osteomyelitis pubis and initiate a six-week course of antibiotics. When conservative treatment fails, surgical debridement is warranted.

References:

1. Ross, J.J. and L.T. Hu, *Septic arthritis of the pubic symphysis: review of 100 cases.* Medicine, 2003. **82**(5): p. 340-345.