

Childhood Osteomyelitis Presenting as a Pathological Fracture in Nigeria

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Received: March 20, 2017; **Published:** April 17, 2017

Abstract

Osteomyelitis in childhood is an important though relatively uncommon infection. A case of it presenting as a pathological fracture was reported from London, UK. Therefore, a Nigerian case from Enugu is deemed worthy of documentation.

Keywords: Osteomyelitis; Childhood; Pathological Fracture; UK, Nigeria

Introduction

Osteomyelitis in childhood is an important though relatively uncommon infection. From London, UK, a case of it was presented on account of its being atypical [1]. It was aided by radiological diagnosis, the left proximal humerus being involved. Therefore, in our practice in Enugu, Nigeria, its occurrence in the tibia is deemed worthy of documentation with reference to the Igbo ethnic group [2].

Case Report

A 14-year-old male presented to the junior author (FA) with painful swelling of the right leg since 7 months. There was associated progressive weight loss with pallor and weakness. X-ray showed fracture of the middle 1/3 of the tibia. It was biopsied.

Bony and soft masses up to 3 cm across were submitted to the senior author (WO). On microscopy, bone spicules were found with granulation tissue and scarring in nonspecific order. There was no evidence of malignancy. Therefore, osteomyelitis was diagnosed.

Discussion

In the London, UK, case, the patient was 7 months old and the question of domestic violence cropped up [1]. In the present case found among the Igbo ethnic group [2], illness was ordinarily of considerable standing. Confirmation was by both X-ray and histology classically.

Any bone may be involved. In the case reported by Ganaisan and associates [3], the talus was the curious site. Incidentally, the diagnosis was initially missed, but due to awareness and alertness of the treating physician, it was identified and treated early. Our case was readily spotted.

A special group is that of the sickle cell disease. Ebong [4] was of the view that affected patients should be immobilized rigidly early until sufficient new bone has formed. Our patient was not a sickler.

Of special interest was the 19-month-old with sickle cell disease in Sudan [5]. Fortunately, although he developed multiple pathologic fractures, he was treated conservatively with excellent results.

Conclusion

A group in Birmingham UK [6] intimated that the establishment of a histopathology data pool facilitates epidemiologic analysis. This is true of our use of such a pool locally in this submission. Unfortunately, this means that the senior author, who receives the supplied clinical details, has no access to such materials as photographic illustrations.

Citation: Wilson Onuigbo and Frank Akpuaka. "Childhood Osteomyelitis Presenting as a Pathological Fracture in Nigeria". *EC Orthopaedics* 5.6 (2017): 255-256.

Bibliography

1. Taylor MN., *et al.* "Childhood osteomyelitis presenting as a pathological fracture". *Clinical Radiology* 63.3 (2008): 348-351.
2. Basden GT. "Niger Ibos". Cass, London (1966).
3. Ganaisan P., *et al.* "A limping child: On a first look it is hip or knee in origin! No! It's a talus osteomyelitis". *Internet Journal of Orthopedic Surgery* 20.1 (2013): 1-4.
4. Ebong WW. "Pathological fracture complicating long bone osteomyelitis in patients with sickle cell disease". *Journal of Pediatric Orthopaedics* 6.2 (1986): 177-181.
5. Omer NE., *et al.* "Multiple pathologic fractures in a 19-month-old boy with sickle cell disease". *Grand Rounds* 13 (2013): 63-68.
6. Macartney JC., *et al.* "Use of a histopathology data pool for epidemiological analysis". *Journal of Clinical Pathology* 33.4 (1980): 351-353.

Volume 5 Issue 6 April 2017

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