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Devastating experience with complicated pediatric septic joint, a case report



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Introduction: Septic joint morbidity and mortality risks are significantly reduced with advent of antibiotics. Despite arthrotomy washout and long-term antibiotics this patient still developed pan-osteomyelitis and later a pathological fracture.

Case Report: This is 1 year 8 months old boy, presented with left knee pain and fever for two days. Physical examination revealed inability to weight bear on left leg, elevated temperature, swelling, tenderness and limited left knee ROM. WCC, ESR and CRP increased. Xray of showed no abnormality. Ultrasound revealed knee effusion. He was started on intravenous antibiotics. We proceeded with arthrotomy washout. Intraoperative specimens grew *S.aureus*. He completed 4 weeks of intravenous and 2 weeks of oral antibiotics. Two weeks later after discharge, he was seen again with recurrent symptoms. Xray shows panosteomyelitis and supracondylar of left femur fracture. He was again started on 2 weeks of IV antibiotics. As the symptoms improves, patient was put on above knee POP and discharge with oral antibiotics for another 4 weeks. Xray repeated 6 weeks upon discharged showed united fracture and improving bone density. Four months later, child came well, and ambulating normally.

Discussion: Incidence of osteomyelitis in septic joint patient is 68%. Strict monitoring and protected weight bearing until there is evidence of radiological improvement is suggested. Shortened intravenous and oral antibiotic therapy should be reserved for uncomplicated cases.

Conclusion: Prolonged monitoring and treatment is a must in complicated septic joint. Protected weight-bearing is important until bone quality improves as evident by serial radiography.

Biography

Noorhuda Abdul Mutalif has completed her Medical Doctor (M.D.) degree from The National University of Malaysia 2013. She is currently working as Medical Officer in Orthopaedic Department, Melaka General Hospital, aspiring to be Orthopaedic Surgeon..

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