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Garre's osteomyelitis

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Garre's osteomyelitis is also called periostitis ossificans, proliferative periostitis and Garre's sclerosing osteomyelitis. It was first described by Carl Garre in 1893 as an irritation induced focal thickening of the periosteum and cortical bone of the tibia. The first case of proliferative periostitis affecting the jaw bone was described by Berger in 1948. Garre's osteomyelitis mainly affects children and adolescents. Our case involved an 8 year girl who presented with a painful swelling right lower jaw, with difficulty in deglutition, there was no fever. Earlier the patient had been treated by Dentists & ENT Specialists with no relief. Relevant investigations were within normal limits. MDCT scan of the face/orbit showed cortical irregularity and erosions in the right hemi-mandible with a significant periosteal reaction and multiple irregular lytic areas in the marrow along with soft tissue changes suggestive of osteomyelitis. The OPG was normal. The significant periosteal reaction combined with osteomyelitis was suggestive of Garre's osteomyelitis. No bone biopsies were considered due to the typical clinical and radiological features. With 4 weeks of antibiotic treatment the patient was completely relieved of her symptoms with a major correction in the facial asymmetry. Regular follow up demonstrated a remodeling of the mandible with normal results on bone scanning. Most cases of Garre's osteomyelitis have followed an odontogenic infection. Our case had no evidence of any oral or dental infection, confirmed by a preadmission OPG and a post discharge CBCT, and thus responded well to conservative treatment. She in all possibility developed this osteomyelitis secondary to an infection elsewhere in the body, which was controlled by the time she came to us.

Biography

Sadiya Zinjani has graduated from the prestigious Armed Forces Medical College in the state of Maharashtra in India. She is attached to the Max Hospital, Saket, Delhi, as a Visiting Consultant.

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