# OSTEITIS / OSTEOMYELITIS

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# MECHANISM OF INFECTION

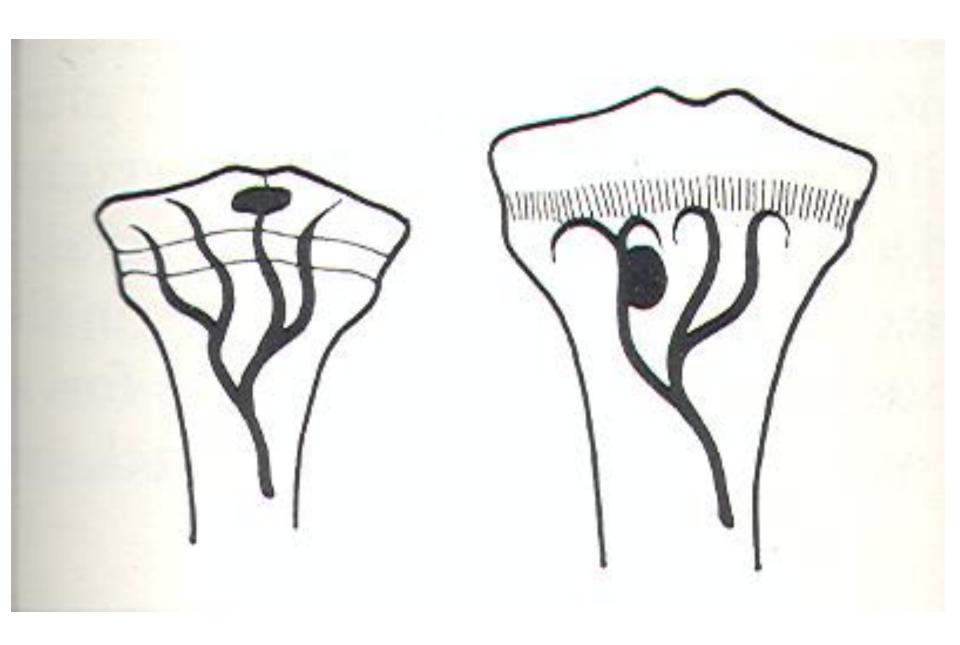
- Haematogenous Spread
- Direct innoculation
  - Trauma
  - Complication of Surgery

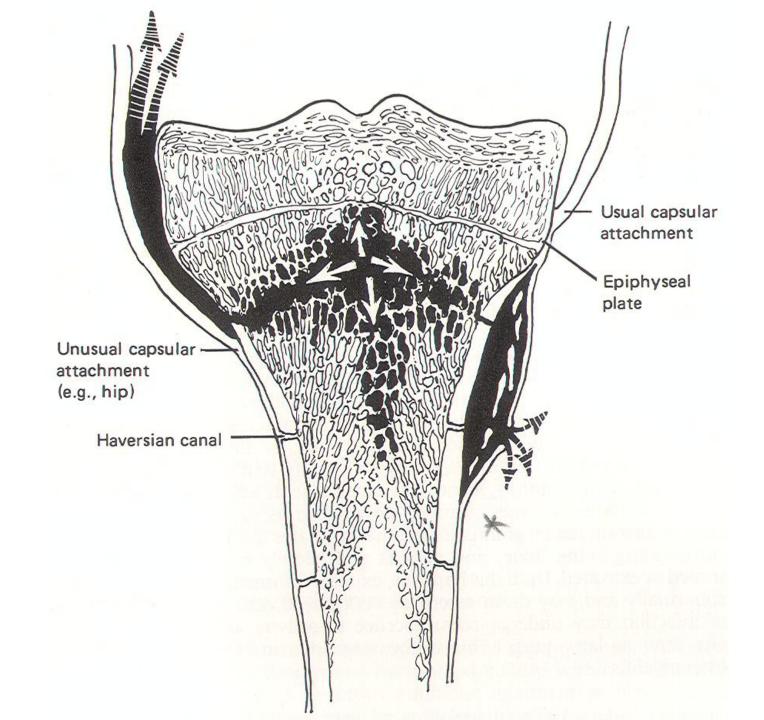
# **ACUTE / CHRONIC**

 Acute Haematogenous osteitis
 Children

# ANATOMY

- Anatomy of long bone
- Blood supply
- Blood supply in a neonate
- Relation of growth plate to the joint



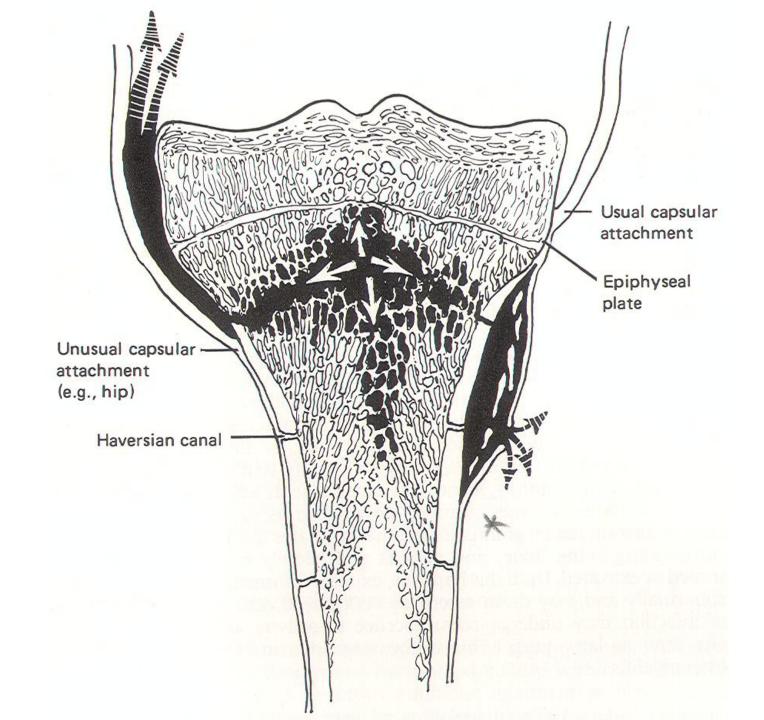


## **CAUSATIVE ORGANISM**

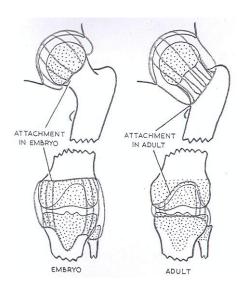
- Staph Aureus
- Steptococcus
- Haemoplylus
- Pneumococus

# PATHOLOGY

- Transient Bacteraemia in children
- Minor trauma ⇒ Haematoma
- Blood a good culture medium for bacteria.
- Suppuration ⇒
- Necrosis ⇒ Sequestrum
- New Bone Formation involucrum cloaca



#### ANATOMY OF A SYNOVIAL JOINT



#### **CLINICAL PRESENTATION**

- Child immature skeleton
- History of trauma
- Pain localized
  - severe
  - not relieved by rest
  - short duration of onset of symptoms

# EXAMINATION

- General: Child looks ill and lethargic High Temp Rapid pulse
- Look: Limb is held still
   Swollen
   May look red
- Feel: Tender over metaphysis Diaphysis usually normal Warm Swollen
- Move: Can move joint few degrees
   Does not bear weight on the limb

# INVESTIGATIONS

X-rays

- Normal at the beginning
  - Soft tissue swelling
  - Periosteal reaction
    - (at 2 weeks)
- Sequestrum
- Involucrum

#### **OTHER INVESTIGATIONS**

# FBC ESR / CRP Blood Culture

#### **DIFFERENTIAL DIAGNOSIS**

- Septic arthritis
   Soft tissue injury
   Epiphyseal injury
   Metaphyseal
  - fracture

## TREATMENT

- **Resuscitation:** I/V Fluids
  - I/V Antibiotics (<u>Cloxacillin</u>), ( Erythromycin/ Fucidin)
  - Analgesics
  - Splintage
  - Often High Care / ICU
- Surgery: -an emergency,
   once child is stabilized

The operation - incision and drainage

# COMPLICATIONS

Septic Arthritis:

- Mestatic infection: Spread to other bones / joints.
  - Lung pneumonia.
  - Heart peri-carditis.
  - Metastic disease.
  - Anatomy of metaphysis.
  - esp in very young.
- **Chronic** Osteitis
- **Growth Disturbance**
- Pathological fracture

# **CHRONIC OSTEITIS**

- 1. Secondary to acute osteitis
- 2. Secondary to trauma or surgery
- 3. Primary chronic osteitis

   TB
   Syphylis

#### **CLINICAL MANIFESTATIONS**

- Pain
- Swelling
- Bone Swelling
- Episodes of discharging sinuses
- Episodes of acute flare up with signs of acute inflammation

### DIAGNOSIS

• X-rays FBC ESR / CRP Pus Swab

## TREATMENT

- Pus swab culture
- Appropriate antibiotics
- Cannot cure chronic osteitis
- Can hope to relieve symptoms

## TREATMENT

- Pus swab culture
- Appropriate antibiotics
- Surgery Drain Abscess
  - Remove a sequestrum
  - Remove bone







