



About an Intra-Focal Compress Source of Osteitis of the Femur

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Clinical Image

The practice of surgery is not always an easy activity; multiple precautions and rigorous monitoring of aseptic gestures are often observed to carry out a surgical intervention. I share with you a case that provokes reflection on the lack of attention or rigor that we must at all costs avoid because detrimental to the patient that we are called to take care of. This is the case of Mr. Y.D. 40 year's old, agent of the security and defense forces. He presented on 02/06/2018, a polytrauma by accident on the public highway. This accident resulted in a concussion and a closed fracture of the right and left femurs. It was operated on 06/27/2018. A bloody reduction with an osteo-synthesis by screwed diaphyseal plates was carried out and the consequences were simple. The checklist sheet clearly showed 219 compresses counted before closing and at the final count. Reviewed, in consultation on 04/11/2019, it presented:

- A limp when walking with a straight dodge.
- A wound on the operative scar on the external surface of the right thigh with a seropurulent discharge;

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Figure 1: Operative photo showing the bone defect occupied by the compress.

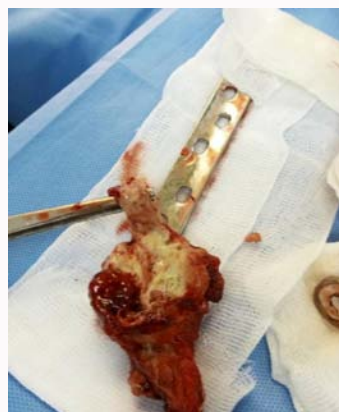


Figure 2: Photo of the screwed plate and the compress found in the bone defect.

- Stiff hip and right knee.

The para-clinical and radiological assessments were in favor of Osteitis on osteosynthesis equipment of the right femur (Figure 1 and 2). The indication of ablation of the material with bone cleaning

and sample for cytobacteriological examination was retained. On 21/11/2019 the intervention was carried out and surprised!! When the screwed plate was removed, we came across a bone defect filled with a compress soaked in pus.