Clinics in Pediatrics

Clinical Image
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# Osteomyelitis in a Newborn Presenting to General Pediatrics

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## Clinical Image

A 22 days old baby who was born at 32+5 gestation and had an essentially uneventful neonatal course presented with a 2 days history of progressive right lower limb swelling and reduced movements. She was apyrexial and feeding well. On examination; swelling right lower limb from above the knee to toes was noted, it was more significant around the knee, warm and tender to touch, with paucity of movements, normal systemic examination. During her NICU stay she was positive for MSSA and started on Bactroban for 3 weeks.

Her bloods showed high CRP and WBCs, blood cultures were negative. X-ray was done and showed lytic erosions of the distal femur (Figure 1). So she was started on Ceftriaxone to cover osteomyelitis.

She then had an ultrasound: Suggestive of distal femoral osteomyelitis and adjacent purulent joint effusion/septic arthritis then an MRI, which was reported as osteomyelitis with cortical destruction and knee joint collection/abscess indicating septic arthritis.

She was transferred to pediatrics orthopedics for further management. She had a total of 6 washouts. PVL negative *Staphylococcus aureus* was isolated.

Osteomyelitis in the neonate is rare and can present with non specific symptoms. In general, it can present as a benign form with just a swelling and no evidence of systemic evidence of infection or more severely with sepsis. X-ray should be the first diagnostic assessment to be performed in patients with suspected osteomyelitis. However, plain radiograph has greater specificity than sensitivity in detecting osteomyelitis 75% to 83% and 43% to 57% retrospectively. Soft tissue swelling and widening of joint space are early signs as well as periosteal thickening and lytic lesions. Destructive bone changes appear later, from day 7 to 14 of disease [1].

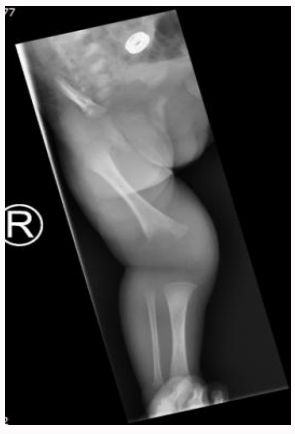


**Figure 1:** X-ray was done and showed lytic erosions of the distal femur.

## References

1. Kiechl-Kohlendorfer U, Griesmaier E. Neonatal osteomyelitis, neonatal bacterial infection. Bernhard Resch. Intech Open. 2013.

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