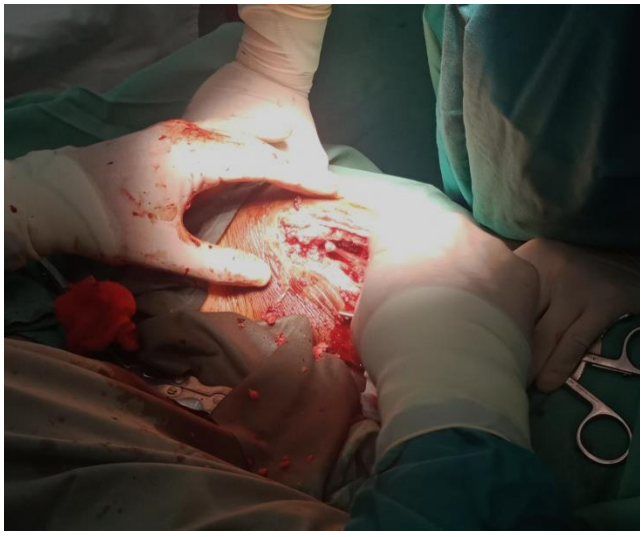
A Hiding Place.

A 20 y.o male presented to hospital with a disfigured and painful leg. The leg hurt to weight bare, but was not overly painful to touch and kept him awake at night. It was not a sharp pain, but a progressively worsening deep ache, which had haunted him for months, specifically at night. He had no fevers, nil nausea, nil weight loss and was otherwise well. He had been treated with many courses of antibiotics, for a variable length of time, which had temporarily relieved his pain, but it would inevitability return. His tibia was obviously abnormal with the medial malleolus more prominent and some soft tissue swelling. The XR confirmed the diagnosis. Shortly after the Xray the soft tissue swelling eventually formed a wound which expressed its puss filled contents.

Osteomyelitis in PNG, although not common is neither rare. Cases can arise from both traumatic spread of infection and hematogenous spread. Once in the bone, the bacteria colonise and conquer the marrow and spreads throughout the trabecula. Within this new home it not only continues to invade the bone further, but will try to plunder new soils. The symptoms of pain are caused by the increased pressure inside the bone, causing a persistent ache. It invades out through small groves in the bone, possibly setting seed throughout the body and often forming a sinus through the skin. Though, think not the bone lazy and defenceless. The bone proactively looks at long term solutions and part of the deformed appearance is caused by new formation of involucrum, the new bone formation, based around the periosteum. Eventually, this involucrum, forms the bases for new bone formation and a functional bone.



As modern medicine rarely sees these cases, and less commonly does any studies on such, the treatment is adherent to time tested surgical principals. If there is a pocket of infection, unable to be effectively penetrated by antibiotics, treat via the removal the infected tissue, creating a drain and let it heal slowly from deep to superficial. That principle is applied in the surgical management of Osteomyelitis in PNG. The infected tissue is removed, and the bone is left to heal slowly, by secondary intention in an open wound. Daily dressings initially are done under anaesthetic, however eventual granulation allow painless removal of dressing.

The 20 y.o tibia had his Tibial infection debrided, with a large incision made on the medial side. Puss was found, followed and excised. This was packed with saline soaked dressings. The wound base slowly granulated with the remnant healthy tibia regrowing into the surgical debrided defect. After weeks of daily dressings, with bone had healed and he was discharged.