

OCR 2

Osteomyelitis - conservative versus surgical management influenced by patient's lifestyle. A case study

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The decision to manage osteomyelitis conservatively or by surgery often depends on how extensive the infection is and conservative treatment is normally tried first. A 46 year old engineer with a 16 year history of type 2 diabetes first presented to us in February 2005 with an ulcer under the left hallux. He had peripheral neuropathy with good pulses. His diabetes control was poor but he had no retinopathy or nephropathy. With conservative treatment the ulcer healed in August 2005. Despite insoles designed with benefit of data from an F scan he reulcerated when he went back into his safety boots. In May 2006 he developed an ulcer on the left 1st metatarsal head which was infected with surrounding cellulitis. This failed to settle and he had a first ray amputation in September 2006. In December 2006 he developed an ulcer on his left second toe from his trainers. This healed and surgical footwear was organized. In February 2007 a tool box fell on his right foot. Unfortunately MRSA was isolated from the wound. He had osteomyelitis of the right hallux which settled with conservative treatment. Unfortunately he went back to wearing his own boots and presented with ulcers on his right 5th toe and left 2nd toe in August 2007. He developed osteomyelitis of the right 5th toe and as this failed to settle with conservative treatment he proceeded to amputation of his right 5th toe in September 2007. The ulcer on the left 2nd toe healed in September 2007, very likely as a result of enforced bed rest and unsurprisingly the toe reulcerated in October 2007. In November 2007 he sustained trauma to the base of the right 1st metatarsal head from playing football. He went on to develop ulcers on the dorsum of the right 4th toe and the tips of the left 2nd and 3rd toes. In April 2008 he proceeded to amputation of the distal phalanx of the left 2nd toe; the toe was osteomyelitic. He had tenotomies for dynamic deformities of the left 3rd, 4th & 5th toes. The ulcers on the tips of the toes healed. When reviewed in March 2009 the ulcer under the right 1st metatarsal head was almost healed after being in a cast for 6 weeks but he has now developed another ulcer on the dorsum of the right 4th toe. Should we consider surgery for osteomyelitis at an earlier stage in some patients due to their circumstances and lifestyle?