

PCR 6

Charcot neuroarthropathy misdiagnosed and treated as osteomyelitis?

Marek Przeździak Dept. of Internal Diseases, Hospital for Students and Academic Teachers, Gdańsk, Poland. Anna Korzon-Burakowska Diabetic Foot Clinic Dept. of Hypertension and Diabetology Medical University Gdańsk.

62 years old lady was referred to the Diabetic foot clinic by the orthopedic nurse who some months ago attended two days course on diabetic foot. The patient presented with greatly deformed ankle joint with linear wound on the front surface. No clinical signs of acute inflammation was present. She had signs of peripheral neuropathy and her ABI was 0.8. There was a history of a mild ankle sprain some time in early May 2008. In June the patient noted swelling and redness of the ankle joint and was admitted to the orthopedic ward where she underwent the incision and inspection of the joint- the diagnosis of purulent inflammation of the ankle joint was made. A few months later the lady was readmitted due to the progressive swelling of the ankle- second incision was made and the diagnosis on the discharge letter was: Chronic osteomyelitis of the ankle joint. The only available results from the hospitalization period were: FBC which was normal and the swab done during the second operative procedure which showed *Pseudomonas aeruginosa* sp. No ESR or CRP were done. Blood sugars during hospitalization were around 300mg/dl and patient's temperature was 37,5 °C. On the day presentation at the DF Clinic the WBC was normal, ESR was 51 mm/h and CRP slightly raised at 6.2 (normal value <5). The serial X-rays show progressive destruction of the affected joint and at her last visit at the orthopedic outpatient the lady was offered above ankle amputation. She has turned up in our clinic asking if she should consent