VOLUME-7, ISSUE-2, FEBRUARY-2018 • PRINT ISSN No 2277 - 8160

Original Research Paper

Orthopaedics

PICTURESQUE OF A YOUNG POOR BOY AS AN EXAMPLE REVEALING CHRONIC OSTEOMYELITIS AND ITS MORBIDITY IN RESPECT TO IGNORANCE AND TRADITIONAL HEALERS IN DEVELOPING COUNTRY LIKE NEPAL THROUGH THE EYE OF TERTIARY CARE FACILITY.

Dr.Jeevan Kumar Sharma

MS ortho, BPKIHS, Dharan, Nepal.

ABSTRACT

Chronic osteomyelitis (COM) is a dreaded sequel to acute hematogenous osteomyelitis. Patient presents with pain, pyrexia, redness ('a flare'), or with a discharging sinus. There may be a seropurulent discharge and excoriation of the surrounding skin. Diagnosis is based on classical clinical features. The watchword is "cautious optimism"-a "probable cure is better than no cure at all. The aim of this case report is to highlight the morbidity of chronic osteomyelitis of femur in an 11 year old male child from remote village in consideration to ignorance and traditional healers in developing country like Nepal.

KEYWORDS : Chronic osteomyelitis; cultural beliefs; morbidity; poverty; traditional healers

Introduction: The infection of bone that contains bone marrow, called osteomyelitis, is as old as humankind and continues to be an important problem for modern medicine owing to its high morbidity and sequelae.(1) COM leads to necrosis of bone and soft tissues to a variable extent. The dead bone forms a nidus for hosting pathogens.(2) Over the past few decades, tremendous progress is made in treating this disease with new operative techniques, such as Ilizarov fixation and muscle flaps, and innovative delivery systems for antibiotics. In spite of these advances, however, osteomyelitis remains difficult to treat, with considerable morbidity and costs.(3) Various factors like health service inaccessibility, inadequate treatment, ignorance, poverty, and antibiotic resistance contribute to chronic osteomyelitis in Nepal. A significant number of children continue to suffer from COM making it one of the most commonly presenting orthopaedic problems in Nepal.(4) The aim of this case report is to highlight the morbidity associated with COM of femur in consideration to ignorance and traditional healers in developing country like Nepal.

Case Report: An 11 year old male child from remote village presented 18 months back at primary health care with complaint of fever, pain and swelling of right thigh with inability to use that limb for which intravenous medication was given for 7 days and was discharged on oral medication. Pain subsided but swelling persisted. After 1 and 1/2 months of first episode, he again had pain, swelling of the right thigh. This time, he went to traditional healer (Dhami) for 4 times in 2 months, each time with some animal sacrifice (hen, pigeon, pig, and goat) with no pain relief this time. After 2 months of continuous efforts of treatment from local healers, he was taken to nearby hospital, where x-ray and pus aspiration was done from right thigh. Incision and drainage was done and intravenous antibiotics were given. (Figure 1) External fixator was applied and after stay of 51 days, he was discharged. He followed up in that hospital for next 4 months at a month interval, every time with complain of discharge of pus from pin tract. He then presented to BPKIHS with abscess in the medial thigh and pus discharge from pin tract of external fixator. He was admitted, Incision and drainage was done, and daily dressing was done with pin tract care. (Figure 2) Culture sensitivity of pus was sent, medications were given. He then presented after 2 months with pus discharge and sinus formation at posterior thigh. He was admitted, i.v antibiotics were given, and dressing was done. He was discharged after 9 days. After 1 and 1/2 months, he presented to emergency with backing out of distal 2 pins of external fixator, deformed thigh, and pus discharge from pin tract and posterior distal thigh. (Figure 3) This time patient party was so much overwhelmed with this disease that, they were requesting for amputation of right thigh.

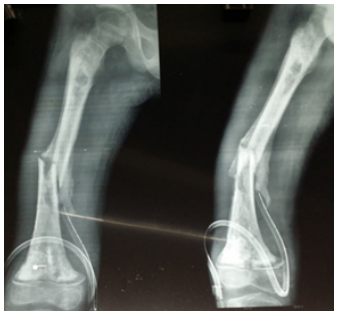

Figure 1: Incision and drainage of thigh abscess with drain in situ.

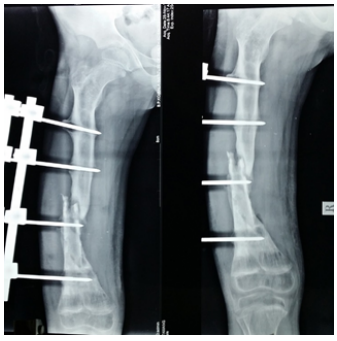

Figure 2: Presentation to our tertiary level care(BPKIHS) with pus discharge from pin tracts.

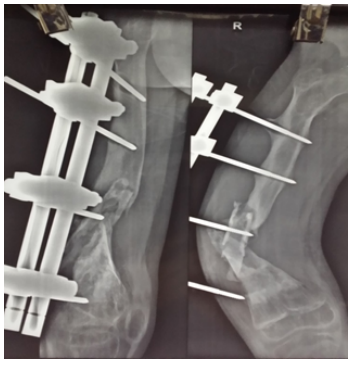

Figure 3: Backing out of the distal two pins with deformed thigh.

Discussion: This kid born in poor family of farmers used to be happy, playful kid, studying at the local government school. Now, he was tearful, silent and frustrated kid. Total expenditures of treatment till now was 5 and 1/2 lakhs rupees, which were loan taken from villagers. The demand of amputation was clear picturesque of the

morbidity being faced by the kid and family. The reason behind this was lack of money for treatment of such recurrences and their want of pain free environment for kid. Acquired disability from COM can be extremely debilitating to the patient.(5) Faith healers in developing countries like Nepal contribute substantially in late presentation of patient. Dhami-jhankri act as mediators between the spirit world and the material world of day to day life.(6) Mostly, due to the cultural beliefs people are psychologically convinced that, if they are treated by the traditional healers, they get well soon.(7) The major issues that arise in the health workforce of Nepal are – retention, inadequate skill mix, inadequate finance, low opportunity for training.(8) Nepal health policy states like "arrangement will be done to provide all kinds of information of health service particularly related to the treatment of patient for establishing a right to information to the respective consumer" (9), but implementation is still lacking. Poverty is also associated with such morbidity in health sector. In the case study done by UNICEF in Nepal, they reconfirms the link between poverty and education. It shows that higher education levels lower the chances of being poor.(10)

References:

1. Zuluaga AF, Galvis W, Saldarriaga JG, Agudelo M, Salazar B., Vesga O. Etiologic Diagnosis of Chronic Osteomyelitis. Arch Intern Med [Internet]. 2006;166(1):95–100. Available from: http://archinte.jamanetwork.com/article.aspx?doi=10.1001/archinte.166.1.95
2. KOCAOGLU M, ERALP L, RASHID HU, SEN C, BILSEL K. Reconstruction of Segmental Bone Defects Due to Chronic Osteomyelitis with Use of an External Fixator and an Intramedullary Nail. J BONE Jt Surg. 2006;88–A(10):2137–45.
3. Calhoun J, Manring MM, Shirtliff M. Osteomyelitis of the Long Bones. Semin Plast Surg [Internet]. 2009;23(2):059–72. Available from: http://www.thieme-connect.de/DOI/DOI?10.1055/s-0029-1214158
4. Khanal G., Rijal R, Shrestha B. A retrospective study of chronic osteomyelitis in a tertiary care centre of eastern Nepal. Int J Infect Dis [Internet]. 2014;21:350. Available from: http://www.embase.com/search/results?subaction=viewrecord&from=export&id=L71634479%5Cnhttp://dx.doi.org/10.1016/j.ijid.2014.03.1143%5Cnhttp://sfx.hul.harvard.edu/sfx_local?sid=EMBASE&issn=12019712&id=doi:10.1016%2Fj.ijid.2014.03.1143&atitle=A+retrospectiv
5. Yoward FJ, Bury SL. When treatment success is not as black and white as a radiograph: The bio/psycho/social impact of chronic osteomyelitis. Pan Afr Med J. 2014;19.
6. Shankar P, Paudel R, Giri B. Healing traditions in Nepal. J Am Assoc Integr … [Internet]. 2006;1–17. Available from: http://www.researchgate.net/publication/237552749_Healing_traditions_in_Nepal/file/3deec52852b62befa5.pdf
7. Baniya R. Traditional Healing Practices in Rural Nepal. J Patan Acad Heal Sci [Internet]. 2014;1(1):52–3. Available from: file:///C:/Users/Ellie/Downloads/13020-44868-1-SM.pdf
8. Magar A. Human Resource for Health in Nepal. J Nepal Health Res Counc [Internet]. 2013;11(2):1–2. Available from: http://jnhrc.com.np/index.php/jnhrc/article/view/370/369
9. Government of Nepal Ministry of Health and Population. National Health Policy 2071. 2014;72.
10. Acharya S. SOCIAL INCLUSION: GENDER AND EQUITY IN EDUCATION SWAPS IN SOUTH ASIA NEPAL CASE STUDY. 2005.