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## Post-traumatic calvarial tuberculous osteomyelitis: A rare case report

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**Introduction:** In developing countries like India, tuberculosis is common, pulmonary tuberculosis being rampant. Extra pulmonary manifestations are also on the rise, but calvarial tuberculosis is still rare, incidence being 1 in 10,000. We at our hospital encountered such a rare case of calvarial tuberculosis reported here.

Case Report: A 12-year-old boy presented with right sided supra orbital swelling for 2 months associated with pain and evening rise of temperature. Patient had history of head injury followed by which he had developed a swelling over right side of forehead. Patient visited a family physician and was given symptomatic treatment with painkillers and antibiotics. On evaluation the patients pulse 86 beats per minute and blood pressure was 110/74 mm hg in right arm supine position, no pallor cyanosis icterus or lymphadenopathy, Glasgow Coma Score E4, V5, M6. Pupils bilaterally 3 mm dilated and equally reactive to light, air entry in chest bilaterally equal, no adventitious sounds heard, per abdomen examination normal. Local examination revealed a cystic swelling over right frontal bone just above the right supraorbital ridge measuring approximately 3 cm × 2 cm. His blood investigations and chest radiograph were within normal limits. Skull radiograph AP and lateral view showed destruction of right frontal bone. CT scan of head revealed right frontal bone destruction with a 1.2×0.5 cm extra axial collection. The preoperative diagnosis was made as post-traumatic pyogenic osteomyelitis. Patient underwent excision of the osteomyelitic tissue, pus smear was negative for acid fast bacilli, histopathological examination of which revealed epithelioid granulomas, Langhans giant cells and lymphocytic infiltrate suggestive of tuberculous osteomyelitis. Patient was started on AKT.

**Conclusion:** Although rare, tuberculosis can affect the flat bones of the skull. Hence a bird's eye should be maintained while treating any osteomyelitic deformity of the skull and tuberculosis should always be goal in mind.

## **Biography**

Krishna Chandra Dubey is surgeon working in MGM Medical College & Hospital, India and has exceptionally contributed in the field of surgery.

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