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Childhood Focal Osteomyelitis in A Developing Community

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Abstract

In 1980, osteomyelitis in childhood was presented from mostly the Yorubas of the Western part of Nigeria with reference to salmonella infection. Of interest, there were the findings of its being most prevalent in the first 2 years of life, and of the 2:1 male to female ratio. Therefore, the present study concerns Igbo elements of the Eastern part but without laboratory identification. The ratio was the same but the first 5 years proved to be the least involved. The findings are discussed at some length including the scarcity of spinal cases.

Keywords: Osteomyelitis; Bone Selection; Sex Ratio, Age; Igbos; Nigeria

Introduction

The interest in the reprint request (RR) led the senior author (WIBO), who was classified by the *Editor of English for Specific Purposes* as the world's leader in RR research [1], to obtain an interesting RR from the Western Region of Nigeria in 1980 [2]. It dealt specifically with salmonella infestation and showed maximum occurrence in the first 2 years of life as well as a male:female ratio of 2:1. Therefore, the present paper dealt on the Ibos of the Eastern part of Nigeria although there was no determination of the bacteriological causes.

Patients

All the 33 patients were Nigerian children of the Igbo ethnic group [3]. The specimens were received at the Regional Pathology Laboratory for the most part. Table 1 shows their age and sex distribution. As focal sites were studied individually, Table 2 shows the predominance of the lower extremity, especially the tibia and femur. Single sites were only those of the spine, mandible and malleolus.

Table 1: Age/sex distribution pattern.

Age	M	F	Total
0 – 5	3	2	5
6 – 10	6	5	11
11 – 15	13	4	17
Total	22	11	33

Table 2: Distribution by bone involvement.

Bone	Number
Tibia	9
Femur	7
Humerus	4
Ulna	3
Rib	3
Fibula	2
Scapula	2
Spine	1
Mandible	1
Malleolus	1
Total	33

Discussion

It is considered that acute osteomyelitis in children is considerably more common in low-income countries [4]. A major area of interest is in cure [5-7]. However, it is not applicable here, seeing that their specimens were seen and not the individual patients.

It is of interest that spinal osteomyelitis is so common in New Zealand as to deserve the review of 61 cases [8]. In contrast, only one case was encountered in the present series.

The role of X-Ray in management is noteworthy [6]. Therefore, it suffices to mention that 15 clinicians thought it fit to include their use of it in the present cohort. In this context, it should be mentioned that this paper is in line with the recommendation of Birmingham (UK) group [9], that the establishment of a histopathology data pool improves epidemiological analysis. Such a pool has been used here.

Incidentally, unlike other authors [10-12], this presentation does not include multiple-site osteomyelitis. It deserves future consideration elsewhere.

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