BÖLÜM 33

MUSKÜLOSKELETAL ENFEKSİYON VE ENFLAMASYONLAR

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Vaka 1: Juvenil İdiyopatik Artrit

Vaka 2: Septik artrit

Vaka 3: Transient (geçici) sinovit

Vaka 4: Osteomiyelit

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Sintigrafi incelemesi aseptik kaynamamış fraktürler ile osteomiyelit ayrımını yapabilir (27) .

USG'de subperiosteal koleksiyonlar tespit ve drene edilebilir.

Tuzaklar

MRG, osteomiyelit tanısını koymak için son derece yüksek doğruluk oranına sahiptir, ancak enfeksiyöz sürece bitişik reaktif kemik iliği ödeminden ayırt etmede zorluk nedeniyle enfeksiyonun derecesini fazla tahmin etme eğilimindedir (28).

Tedavi ve Yaklaşım

Tedavide sıklıkla uzun süreli antibiyotik kullanımı gerekmektedir. Ek olarak bazı vakalarda, debridman, nidus rezeksiyonu, koleksiyon drenajı gereksinimi olabilir.

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