Background and aim Osteomyelitis is an inflammation of the bone that is usually due to bacterial infection. There are limited data on osteoarticular infections in the state of Qatar. The objectives of this study were to describe the demographic, clinical presentation and microbiological culture result of acute osteomyelitis in children

Methods A retrospective and descriptive study was conducted at main tertiary hospital. Children hospitalised in our paediatric department with acute osteomyelitis from January 2000 to December 2013 were included.

Results The study comprised 79 patients. Mean age of presentation was (5.7) years and (62%) were male. (91%) had acute osteomyelitis whereas (9%) were classified as chronic. Most common bones affected were Femur (39.2%), Tibia (15.2%) followed by Foot (11.4%) and iliac bone (10.1%). Fever higher than 38° on admission was found in (65.8%), joint pain (60.8%) and limping (45.6%). Tenderness on examination was present in (55.7%). Nearly (69%) of Blood culture were negative but, if positive, Staphylococcus species is

Conclusion Our study confirmed that Microbiology screening of bone that is usually due to bacterial infection. There are limited data on osteoarticular infections in the state of Qatar. The objectives of this study were to describe the demographic, clinical presentation and microbiological culture result of acute osteomyelitis in children

Introduction Septic arthritis can occur at any site of the body, but commonly occur in the lower limbs, especially knee and hip joints. It may arise from direct inoculation or spread from contiguous disease, but the most common method is haematogenous spread. We audited cases of septic arthritis in children as it can have serious consequences if mismanaged.

Objectives We looked at the management of children presenting with suspected septic arthritis.

Method All children who had a discharge code of septic arthritis between 1/01/07 and 29/04/13 were included. A standard pro-forma was used for data collection which recorded details of symptoms, signs, investigations and treatment

Results 39 patients were coded as septic arthritis. On closer look 11 patients were wrongly coded which left with 28 patients to audit.

100% had full joint examinations and an orthopaedic review. 100% had appropriate blood tests including blood culture. 26 patients (93%) had a joint aspiration out of which 12(46%) had an aspirate before giving antibiotics. Staph aureus- 5 (18%) was the most common bacteria isolated from the joint aspirate followed by Group A beta-haemolytic strep 2 (7%), Group B Beta haemolytic strep 2 (7%), CoIiform bacilli- 2 (7%), Strept mitis and coagulase negative staph- 1 (4%) and Strep pneumonia- 1 (4%).

100% had appropriate empirical antibiotics. The duration of antibiotics was variable but included a combination of intravenous and oral antibiotics.

Conclusion The audit highlighted the areas for improvement: Urgent orthopaedic review in all cases Joint aspirate ideally before giving antibiotics A stand-alone guideline for children with septic arthritis.