

Brodie's abscess in a patient presenting with postchemotherapy neutropenic sepsis

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An 18-year-old boy was diagnosed with diffuse large B-cell lymphoma in the brain on November 28, 2020. He received combination chemotherapy cycle 1 on November 28, 2020 and cycle 2 on December 21, 2020. He was admitted with 4 days history of painful right wrist joint on December 12, 2020. On admission he was on Levatrazipam,

Acyclovir, Pantoprazole, Fluconazole, Sucralfate and Desmopressin nasal spray.

On examination he had swollen, tender right wrist with restricted movements. His temperature was 38.5°C.



FIGURE 1 Coronal section of wrist shows a well-defined finger-like extension toward the epiphyseal plate with subtle marrow oedema (white arrow).

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Laboratory investigations revealed Hb 75 g / L, white blood cell count $0.54 \times 10^9/L$, neutrophils $0.11 \times 10^9/L$, platelets $58 \times 10^9/L$, ESR 117 mm/H, CRP 85.3 mg /L, and MRI revealed Brodie's abscess of the distal metaphysis radius.

He was started on piperacillin/tazobactam, amikacin and vancomycin intravenous; pain and swelling gradually subsided over a week and he was discharged on oral ciprofloxacin, cephalexin, and clindamycin to be continued for 6 weeks as per microbiology advice.

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