

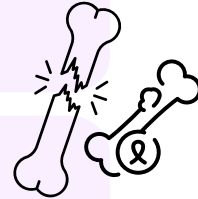
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MID | Lecture #4

MSS & Skin Tumors (Pt.4)

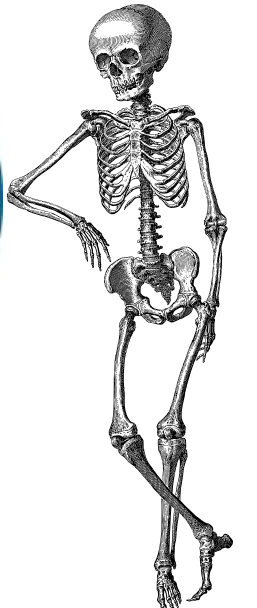
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وَإِن تَتَوَلَّوْا يَسْتَبَدِلْ قَوْمًا غَيْرَكُمْ ثُمَّ لَا يَكُونُوا أَمْثَلَكُمْ

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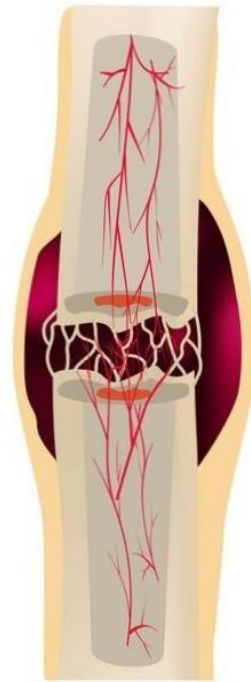
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PATHOLOGY



Tab the fracture to learn more...



OSTEOMYELITIS:

Bone

Bone marrow

Inflammation

Neonatal sepsis

occurs when a bacterial, viral, or fungal pathogen enters the bloodstream, leading to systemic infection affecting multiple organs, including the bones (osteomyelitis).

- Inflammation of bone/marrow due to infection
- Part of systemic infection (especially in neonates and children) or primary solitary focus (much more common)
- Any organism can cause osteomyelitis (bacteria, virus, fungus,...)

However, when we're talking about osteomyelitis we almost always focus on bacterial osteomyelitis (pyogenic osteomyelitis).

- **Pyogenic osteomyelitis: bacteria** (the most common organism that cause osteomyelitis); among the bacteria the most common is staph. Aureus [gram positive cocci] (80-90%). E. Coli, Pseudomonas & Klebsiella [gram negative bacilli] are more common when UTI or IV drug abuse are present.

-patients who are heroin addicts or HIV patients probably they will have a more unusual organisms such as G(-ve) bacilli.

PYOGENIC OSTEOMYELITIS:

Pathogenesis of pyogenic osteomyelitis

Three Mechanisms: (how it reaches the bone and bone marrow to cause infections)

1. Hematogenous spread (more common in children): This is the most common route. For example, in a patient with otitis media, bacteria can enter the bloodstream and travel to bones such as the distal femur or tibia, leading to acute osteomyelitis.

2. Extension from contiguous site (e.g., nearby infected area in adults, diabetic foot): Patients with diabetes mellitus often have peripheral neuropathy, which reduces sensation in their feet. As a result, minor injuries may go unnoticed and become infected, leading to a diabetic foot ulcer. If left untreated, the infection can spread into the underlying bone, causing osteomyelitis.

3. Direct implantation (after compound fractures or orthopedic procedure): In compound fractures, the broken bone penetrates the skin, exposing it to external pathogens. Without the protective barrier of the skin, bacteria from the environment can enter the bone and cause infection.

Iatrogenic infections: These are infections acquired due to medical procedures, often resulting from poor technique, lack of hygiene, or improper sterilization. In orthopedic surgery, inadequate sterilization can introduce pathogens, leading to osteomyelitis and other serious complications.

- **Neonates:** The most common causative organisms include *Haemophilus influenzae*, Group B Streptococcus (GBS), and Staph. aureus.

Neonatal sepsis is primarily caused by bacteria (bacterial septicemia), but the specific pathogens vary with age.

- **Sicklers** (patients with sickle cell disease):

They are at a higher risk of developing **Salmonella osteomyelitis**. However, Staph. Aureus remains the most common cause of **acute osteomyelitis** in all patients.

- **50% of cases: no organisms are isolated** from blood cultures or bone aspirates. This is often due to **prior antibiotic use**, as many patients receive treatment from multiple clinics before diagnosis, reducing culture sensitivity.

- Long bones (the most commonly affected by **Pyogenic OM**):

in adults → metaphysis **and** epiphysis.

in children → either epiphysis **or** metaphysis (not both).

- This is due to differences in bone vascularization at different ages.

About the incoming slide:

- The pathological process of osteomyelitis begins with **infection**, triggering an **acute inflammatory response**. This leads to **tissue necrosis**, particularly **avascular necrosis**, due to compromised blood supply. Additionally, osteoclast activity causes bone resorption.

As a result, multiple necrotic bone fragments form, known as **sequestrum**, which can be observed histologically. However, the necrotic bone is typically surrounded by a layer of new reactive bone, called the **involucrum**.

- **If** this acute inflammation continues, unrecognised and untreated, it will penetrate the skin leading to a sinus formation, this sinus tract is called **Cloaca**, then maybe at the end it becomes a chronic inflammation.

- A sinus is an abnormal channel that forms between inflamed tissue and the body surface, usually allowing **pus drainage**.

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These are end-artery branches of the nutrient artery

acute inflammatory response due to infection

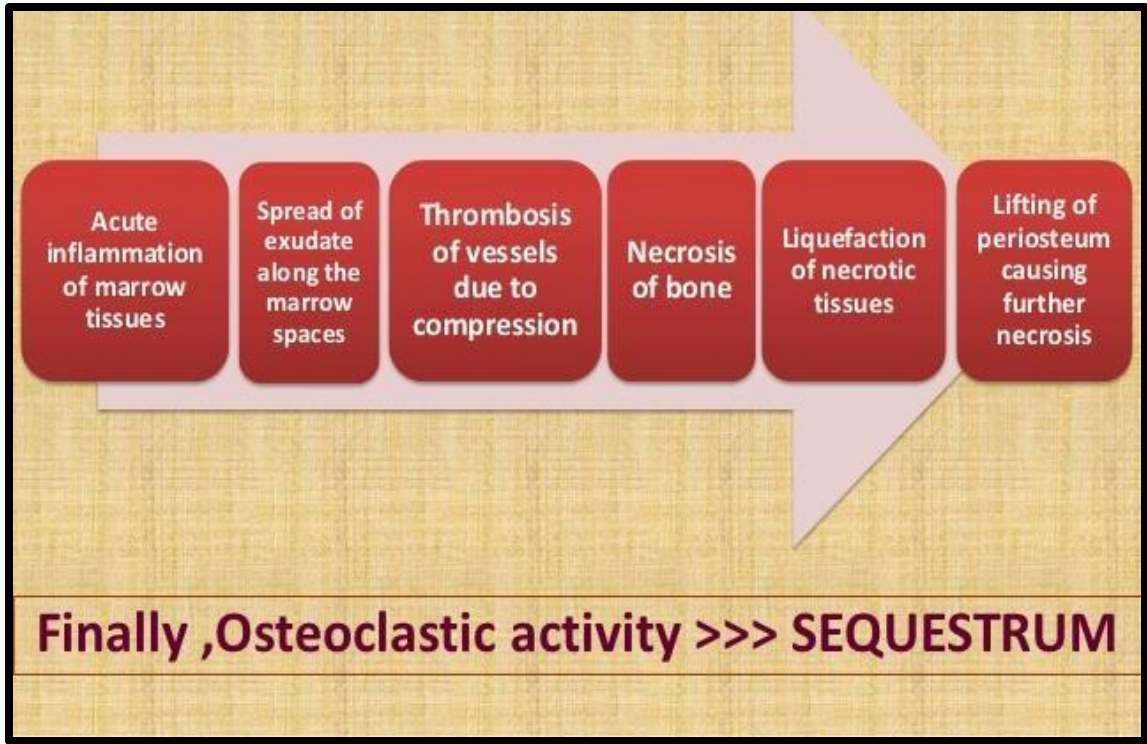
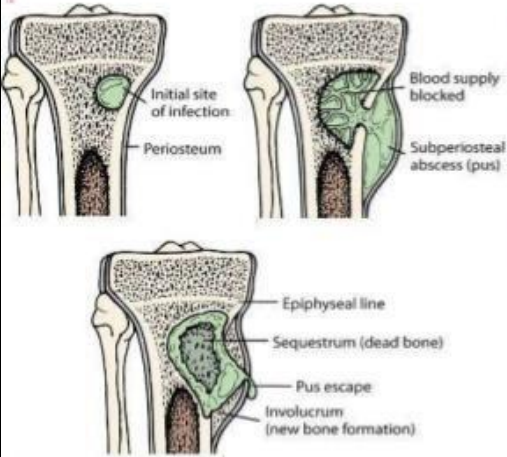
tissue necrosis, breakdown of bone

Obstruction

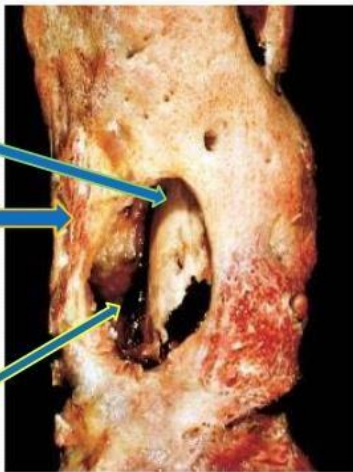
Avascular necrosis of bone

Squestra formation

Chronic osteomyelitis



- **Sequestrum** is the necrotic bone that is embedded in the pus/infected granulation tissue.
- **Involucrum** is the new bone laid down by the periosteum that surrounds the sequestra.
- **Cloaca** is the opening in the involucrum through which pus & sequestra make their way out.



ACUTE	PUS s NEUTROPHILS
CHRONIC	LYMPHOCYTES AND PLASMA CELLS

The diagnosis and the curing of chronic osteomyelitis is not easy.

OSTEOMYELITIS

CLINICALLY:

- **Hematogenous OM:** fever, malaise which is loss of appetite, chills, leukocytosis this is why peripheral blood sampling is important when you suspect the presence of acute osteomyelitis, throbbing pain locally and this sign gives you a hint about the location of the bone affected.
 - **Infants:** subtle
 - **Adults:** local pain
 - **DX:** high index of suspicion; X-ray maybe normal in early phases (u should not wait till we see x ray lytic changes).
 - **Tx:** admission, proper long period of IV antibiotics and sometimes surgical drainage of pus.
- A normal X-ray does not rule out acute osteomyelitis; the diagnosis relies on a high index of suspicion.

CHRONIC OSTEOMYELITIS:

- **5-25% of Acute OM persists as chronic OM** maybe due to improper treatment or improper duration of treatment.
- **Very bad debilitating disease**

Causes:

- Delay in diagnosis
- Extensive necrosis if the organism or the immunity of the patient is very bad.
- Inadequate therapy (A. biotics or surgery) is a major cause .
- Weakened host immunity

- Amyloidosis is the deposition of amyloid protein in various organs, such as the brain, leading to tissue damage, as seen in Alzheimer's disease.

- It is identified using a special stain called Congo red.

- Secondary amyloidosis occurs as a complication of chronic inflammatory diseases, especially chronic osteomyelitis.

COMPLICATIONS OF CH. OM:

- Pathologic fractures
- Secondary amyloidosis
- Endocarditis inflammation of the endocardium and the valves.
- Sepsis generalized bacteremia.
- Squamous cell carcinoma of draining sinus and progressive dysplasia with cases that developed cloaca.
- High risk of Sarcoma of bone with chronic OM.

MYCOBACTERIAL OSTEOMYELITIS:

- As we mention above any organism can cause acute or chronic osteomyelitis also mycobacteria (that cause TB disease) is one of the organism that can cause osteomyelitis.
- **Used to be a disease of developing countries.** In countries like Jordan and other parts of the Middle East, tuberculosis (TB) is endemic.
- However, in recent years, the incidence of mycobacterial infections affecting the bone and bone marrow has been increasing even in developed countries.
- **Now: more cases in developed countries: the theories behind it, people immigrate from endemic areas, like Bangladesh, to USA, or to Australia, bringing the organisms with them, immunocompromised patients**
- The pathogenesis of tuberculosis involves a latent phase, during which the infection remains dormant. However, when immunity declines, the initial TB infection can reactivate, leading to active disease

- 1-3% of pts with pulmonary (probably the most common organ involve in TB) or extrapulm TB: can have bone involvement.
- Hematogenous the most common route or direct spread.
- Clinically: it's really difficult to diagnose due to it's maybe subtle and chronic course unlike sharp acute pain, which is typically associated with a full systemic inflammatory response.
- Pathology: the main pathologic features of TB is **necrotizing (caseating) granuloma.**

- Granuloma is a collection of immune cells seen in chronic inflammation. It can be diagnosed through aspiration or biopsy, granulomas appear as aggregates of histiocytes, epithelioid histiocytes, plasma cells, and lymphocytes. If necrosis is present in the center, it is called a necrotizing granuloma, most commonly caused by mycobacterial tuberculosis.

TB SPONDYLITIS (POTT DISEASE):

- If the TB osteomyelitis effect the vertebral body we call it (Pott disease).

- Destructive spine TB
- Difficult to treat
- May lead to fractures, neurologic deficit, scoliosis, kyphosis

1. If we take biopsy from this vertebra you will see granuloma with multi nucleated giant cells ,plasma cells and Lymphocytes and central necrosis

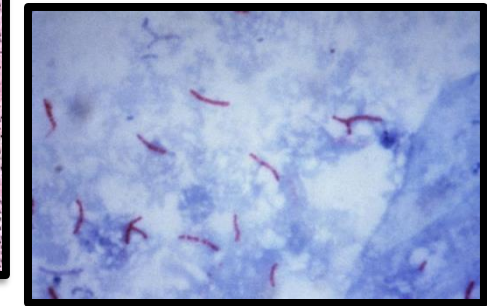
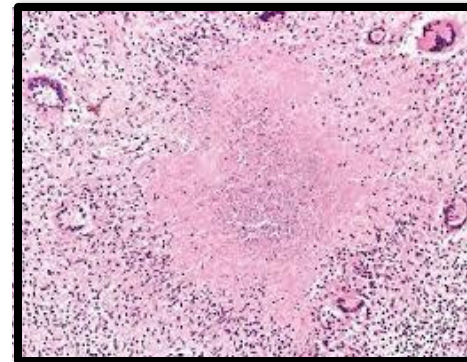
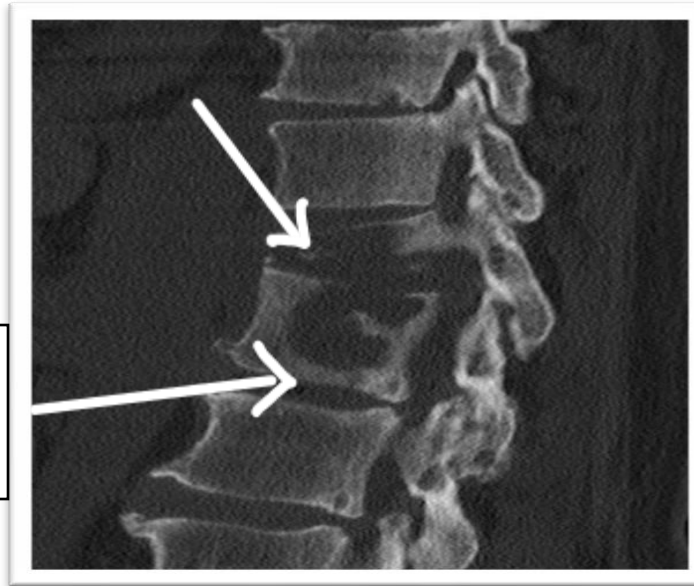
2. As pathologists, we routinely perform special stains for granulomas. For tuberculosis (TB), we use the **Ziehl-Neelsen (ZN)** stain, also known as the **acid-fast** stain, to detect acid-fast bacilli (AFB).

Under the microscope, AFB appear red and are often referred to as "red snappers."

For fungal infections, we use silver stains, particularly **Grocott's methenamine silver (GMS)** stain, which highlights fungal organisms in infected tissues.

What happened here is
Collapsed or compression
Fracture due to the presence Of TB

Normal vertebra



BONE TUMORS AND TUMORLIKE CONDITIONS:

- **Primary bone tumors are rare** metastatic tumors are more common
- **Benign >>> malignant tumors**
- **First 3 decades (benign); adults more to be malignant** and then the percentage of the malignant tumor of the bone goes up with increasing age so if the patient with a malignant tumor at the age 70 it's most likely metastatic carcinoma not primary malignant bone tumor
 - The management of cancer treatment has evolved significantly over time. In the past, surgical approaches were highly aggressive. In some cases, entire portions of the lip were removed, and for tumors such as osteosarcoma, treatment often required joint disarticulation or even limb amputation.
 - Today, treatment is more advanced. The approach begins with diagnosis, followed by neoadjuvant chemotherapy and, in some cases, radiotherapy, which help shrink the tumor and improve surgical outcomes. After this, limb-salvage surgery is performed, where the affected bone (e.g., the distal femur) is removed and replaced with a prosthesis, while soft tissues and muscles are reconstructed. Remarkably, patients can often be discharged within a few days and regain function quickly.

- **Trx** (treatment) : **aims to optimize survival while maintaining function.**
- **Age s location help narrow ddx there's** certain tumors which has certain appearance and location in the bone at specific age you have to
- Ddx: differential diagnosis
- **S & S** (signs & symptoms) : **asymptomatic, pain, pathological fractures.**
- Many of them are asymptomatic, they are discovered incidentally by random imaging and sometimes they cause pain, if there's a fracture they will present and declare themselves as we mentioned previously, if a pathological fracture occurs, the condition becomes apparent, as seen in cases of Paget's disease or metastatic carcinoma.

Category	Behavior	Tumor Type	Common Locations	Age (yr)	Morphology
Cartilage forming	Benign	Osteochondroma	Metaphysis of long bones	10–30	Bony excrescence with cartilage cap
	—	Chondroma	Small bones of hands and feet	30–50	Circumscribed hyaline cartilage nodule in medulla
	Malignant	Chondrosarcoma (conventional)	Pelvis, shoulder	40–60	Extends from medulla through cortex into soft tissue, chondrocytes with increased cellularity and atypia
Bone forming	Benign	Osteoid osteoma	Metaphysis of long bones	10–20	Cortical, interlacing microtrabeculae of woven bone
	—	Osteoblastoma	Vertebral column	10–20	Posterior elements of vertebra, histology similar to osteoid osteoma
	Malignant	Osteosarcoma	Metaphysis of distal femur, proximal tibia	10–20	Extends from medulla to lift periosteum, malignant cells producing woven bone
Unknown origin	Benign	Giant cell tumor	Epiphysis of long bones	20–40	Destroys medulla and cortex, sheets of osteoclasts
	—	Aneurysmal bone cyst	Proximal tibia, distal femur, vertebra	10–20	Vertebral body, hemorrhagic spaces separated by cellular, fibrous septae
	Malignant	Ewing sarcoma	Diaphysis of long bones	10–20	Sheets of primitive small round cells

Is the most common primary malignant tumor



An additional summary for the pathological stages:

Stage	Pathological Changes
1. Infection & Inflammation	Bacterial invasion → Inflammatory response → Neutrophil infiltration
2. Bone Breakdown	Osteoclast activation → Bone resorption → Tissue necrosis
3. Avascular Necrosis	Thrombosis of vessels → Bone ischemia → Death of bone tissue
4. Sequestrum Formation	Dead bone fragments separate from healthy bone
5. Involucrum Formation	New reactive bone forms around infection
6. Chronic Osteomyelitis	Persistent infection, sinus tract formation, bone deformities

To get a mind map summarising the first 4 lectures click on the right answer:-

● When was Dr. Abbadi a 2nd yr med student:-

- A) 1985
- B) 1979
- C) 1983

[a short quiz for this lec?](#)

For any feedback, scan the code or click on it.



Corrections from previous versions:

Versions	Slide # and Place of Error	Before Correction	After Correction
V0 → V1			
V1 → V2			

Additional Resources:

رسالة من الفريق العلمي:

Reference Used:

<https://youtu.be/-nG3hOP1Feo?si=olXZvzeHRM0gcDG3>

Extra References :

1. Osteomyelitis
<https://youtu.be/mpUq6Ui6yew?feature=shared>
2. Pathoma book
Pages 195-199

اللهم اجعل أيام رمضان جابرة للقلوب، ساترة للعيوب، مفرجة للكروب، اللهم تقبل صيامنا وقيامنا وصالح أعمالنا.

- نسأل الله الصبر والتوفيق والسداد في أمور الدين والدنيا والآخرة.