



Emily Baird has been a Paediatric Orthopaedic Consultant at The Royal Hospital for Children and Young People in Edinburgh since 2015. She trained in the South-East and West of Scotland, and underwent Fellowship training in Edinburgh and Toronto, Canada. Emily has a particular interest in paediatric trauma and conditions of the immature hip and foot, and how children with developmental dysplasia of the hip and congenital talipes equinovarus are looked after by the MDT.



Anna Clarke is a consultant paediatric orthopaedic surgeon from Bristol. Her special interests include trauma, upper limb surgery and neuromuscular conditions. She is the clinical lead of the Bristol Paediatric Major Trauma centre, avid AO educator and examines for the FRCS. She remains enthusiastic towards the generality of orthopaedics that paediatrics provides.

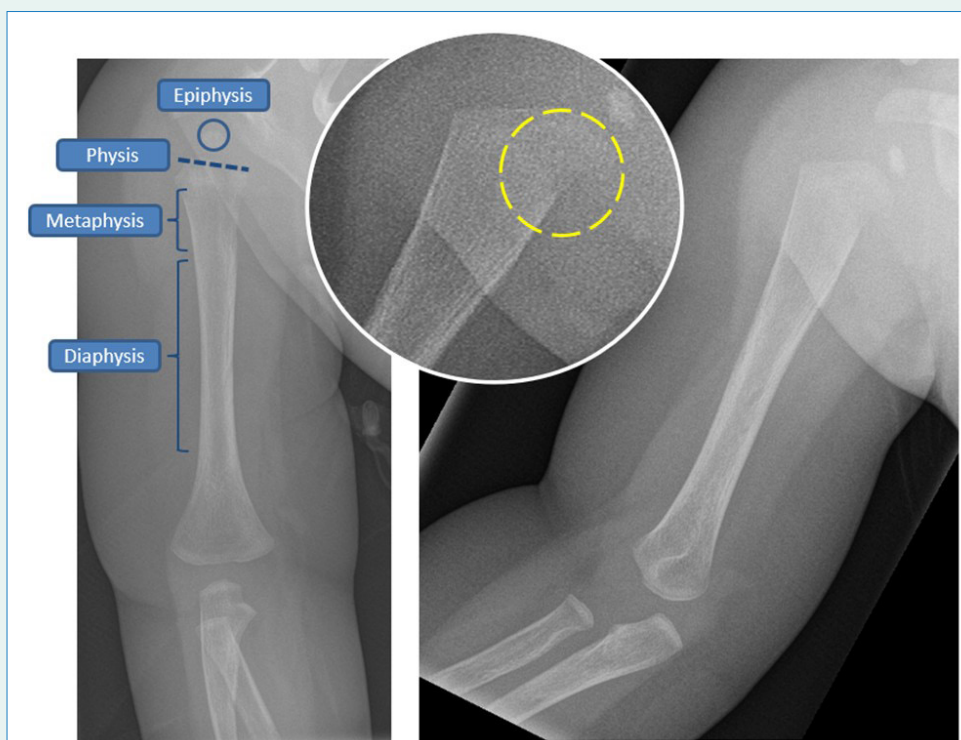


Figure 1: Annotated anterior-posterior and lateral radiographs of the right humerus and shoulder. The enhanced image of the shoulder shows lucency in the proximal humerus (yellow circle).

uncertainty in these cases in that no single investigation algorithm is completely reliable. It supports empirical antibiotic treatment in children who meet the NICE high-risk sepsis criteria, but acknowledges that treatment can be delayed until tissue sampling in stable children.

Radiographs (Figure 1) are reported as showing no fractures, but possible osteomyelitis due to the lucency seen in the proximal humerus which may represent a Brodie's abscess or subperiosteal collection.

In acute osteomyelitis there are often no radiological changes initially and this should lead to consideration of further imaging. Ultrasound (USS) is quick, requires no irradiation or sedation and in many centres, can be performed out of hours in the Emergency Department³. USS can identify the presence and volume of a joint effusion, any tissue inflammation and may even identify a subperiosteal collection. The disadvantages are that it cannot accurately distinguish between sterile, purulent and haemorrhagic effusions, and that it is user-dependent in nature¹. Magnetic resonance imaging (MRI) with contrast may be the gold standard diagnostic imaging modality, but it can be a logistical challenge to perform in young children that often require sedation or anaesthesia.

The PICBONE study started recruitment in December 2022. It is a multi-centre cohort study from Oxford to understand the diagnostic accuracy of MRI and USS in acute

haematogenous osteomyelitis in children. Their study also aims to create a BJI diagnostic pathway for use in the Emergency Department.

A USS (Figure 2) showed general inflammation around the proximal humerus. A 6-10mm deep joint effusion was identified with a small quantity of fluid seen along the cortex of the proximal humeral metadiaphysis. Collectively, appearances were concerning for SA with or without osteomyelitis of the proximal right humerus. A MRI (Figure 3) showed appearances in keeping with right shoulder septic arthritis with small subperiosteal collection.

Blood cultures grow *Staphylococcus aureus*. Is this the most common causative organism?

S. aureus remains the most common organism in paediatric BJI, but others should be considered. It can be famously difficult to identify the organism causing a BJI. Around 20% to 50% of children with BJI remain culture negative⁴. *Staphylococcus aureus* is the most commonly cultured organism. Other common pathogens are *Kingella kingae*, *Streptococcus pyogenes* and *Streptococcus pneumoniae* and *Salmonella*¹⁻⁵. *Kingella* tends to affect children under 2 years old and often behaves in an indolent manner, although is one of the only organisms that will cause an abscess in the epiphysis. It is notoriously difficult to culture, but can be detected by polymerase chain reaction (PCR). Where available, a prompt request for PCR may aid in diagnosis and help tailor antibiotic therapy⁵. >>

Timothy Rowland Morley

18th March 1939 - 11th January 2023

Obituary by Michael Edgar and Michael Sullivan



Tim Morley was a distinguished Spinal Surgeon at the Royal National Orthopaedic Hospital (RNOH), Stanmore, recognised for his contribution to advances in scoliosis surgery. In addition to his surgical reputation, he was gifted with discerning independence of mind, a timely sense of humour and a gracious manner.

Tim was educated at Wellington College, Downing College Cambridge and University College Hospital Medical School. After gaining FRCS Eng, he trained in Orthopaedics at the RNOH and was appointed Consultant to Kings College Hospital in 1974.

From 1978, Tim partnered Charles Manning on the Scoliosis Unit, Stanmore, succeeding him in 1981 and taking over his commitment to the Chailey Heritage Home, Sussex.

Tim was joined by Peter Webb at Stanmore. They pioneered the Webb-Morley Instrumentation, improving correction and stability in spinal deformity surgery. With Mike Edgar, Andrew Ransford and Steve Jones (from the Institute of Neurology, Queen Square) he assisted in the development of a sensory spinal cord monitoring system, which was adopted internationally. Tim gave a good deal of time in building up a scoliosis service in Malta, for which he was honoured with the Maltese Medal.

The 'Home Office' was Tim's endearing term for his wife Mary. They have a daughter, Nicky, and a son, Mark.

Tim's interests included his 47ft sailing boat *Kwa Heri*, unsurprisingly registered in Malta. Many colleagues enjoyed his hospitality sailing in the Mediterranean. His other love was game shooting in the UK and abroad.

He also belonged to a small orthopaedic society, formed from those who had been registrars together at the RNOH. They met every year from 1972-2022. With his love of sailing, Tim always took his turn hosting on an island, be it Malta, Isle of Wight or the Scillies. ■



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