

 **CLINICAL SNAPSHOT**



Septic Nonunion in the Left Femoral Shaft of a 22-Year-Old Asylum-Seeker

The X-ray of the left femur shows a long-segment infected nonunion of the femoral shaft, a problem rarely seen in countries with a functioning health-care system. Six years previously, the patient sustained a fracture of the femoral shaft that was treated by open reduction and plate fixation in Congo. On presentation to our hospital, she could only walk on crutches because of severe pain. The left leg was 8 cm shorter than the right, and there was a fistula in the area of the nonunion.

Nonunion is defined as a disturbance of bone healing with absence of stable consolidation of the fracture site 9 months after the injury. It occurs in 10–15% of all fractures. Alongside mechanical instability and biological causes, bacterial infection of the bone and of fixation material plays a key pathogenetic role. In this case, the chronic fistula was a strong sign for an infected nonunion. Methicillin-resistant *Staphylococcus aureus* (MRSA) was found during the first revision, in which the infected shaft region was radically resected.

The defect is now treated with callus distraction by Ilizarov’s method to restore bone continuity and length.

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