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Paper Poster Session

Management of bone and joint infections

Osteomyelitis caused by *Klebsiella pneumoniae* producing carbapenemase: a new challenge for treatment

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Background: Osteomyelitis caused by *Klebsiella pneumoniae* carbapenemase–producing (KPC) bacteria remains rare. The management of these infections is complex rapidly limited by restriction of antibiotics choice for long course of treatment usually more than 6 weeks.

Material/methods: We report here a case of osteomyelitis caused by *K. pneumoniae* producing carbapenemase managed in our reference center for the treatment of bone and joint infection in the Southern France.

Results: A 65-years old French man was admitted an Infectious Disease in 2012 for osteomyelitis of the right external malleoli and talus. He has recently traveled to Tunisia and during his trip for thalassotherapy in Hammamet, he was admitted in emergency unit for the excoriations and contusions of his right leg after a fall in his bathroom. Few days later, he was admitted in intensive unit for septic shock complicated from infection of the skin on the right lower leg treated with amoxicillin/clavulanic acid, ofloxacin and fusidic acid. Multiples skin and deep samples were positive of *K. pneumoniae* producing carbapenemase type Oxa-48. Magnetic resonance imaging (MRI) of the leg showed a hypersignal of right foot muscles an osteitis deep collections in contact of the external malleoli and talus. A hyperbaric oxygen treatment and wound care were performed and clinical outcomes were noted a rapid improvement with only persistence of a clean and budding wound on the back of the feet after 30 sessions of hyperbaric oxygen treatment

Conclusions: We herein report a successful treatment for a case of Oxacillinase-48 *K. pneumoniae* carbapenemase-producing osteomyelitis using hyperbaric oxygen treatment, and this treatment could be a therapeutic alternative.