



Cellulitis versus **Acute Osteomyelitis**: **Diagnostic Dilemma and Complications**

Shahidul Islam

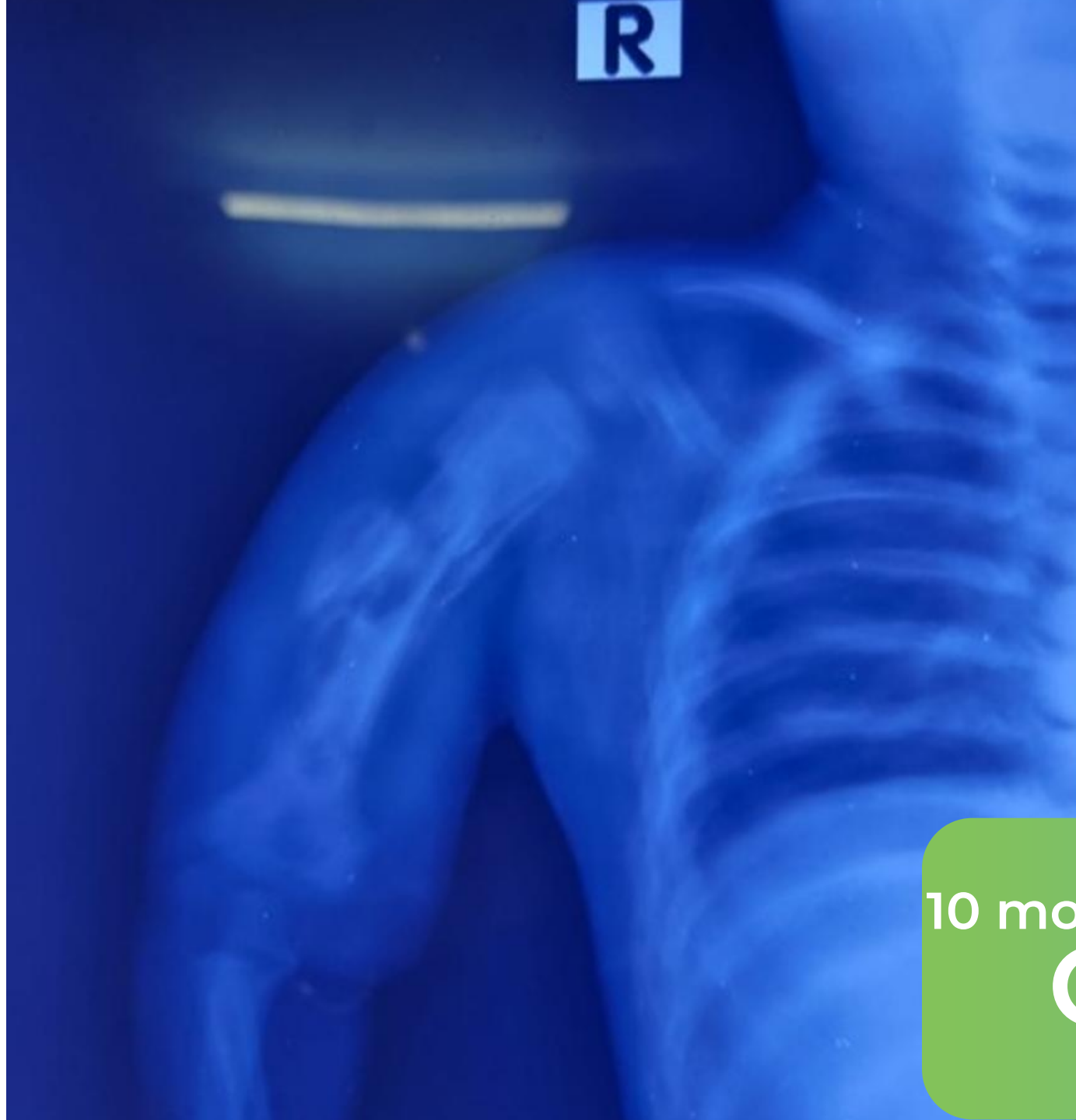
Ad-din Women's Medical College Hospital
Department of Orthopedics & Spine Surgery
Dhaka, Bangladesh



10 month old male baby
Case-1



10 month old male baby
Case-1



10 month old male baby
Case-1



11 years old male baby
Case-2

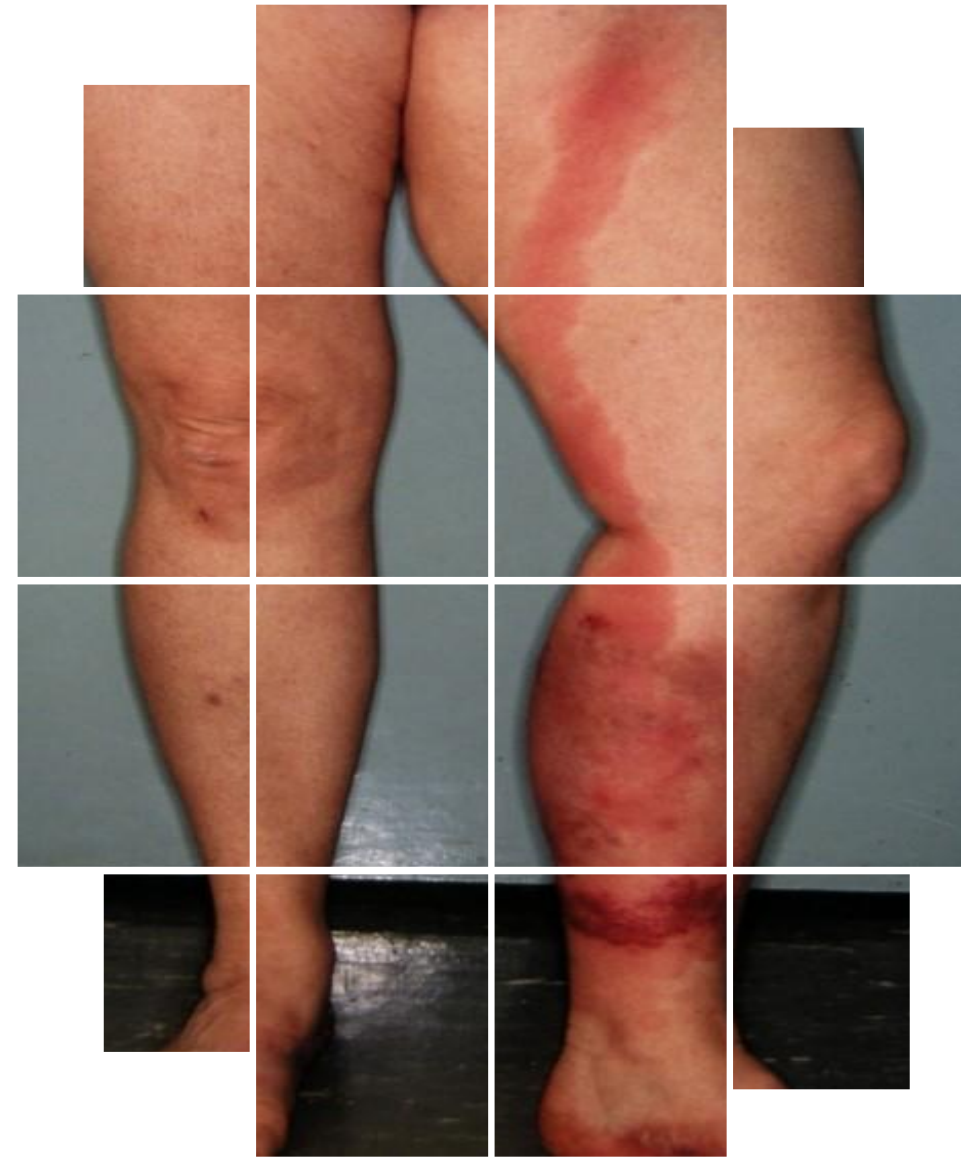
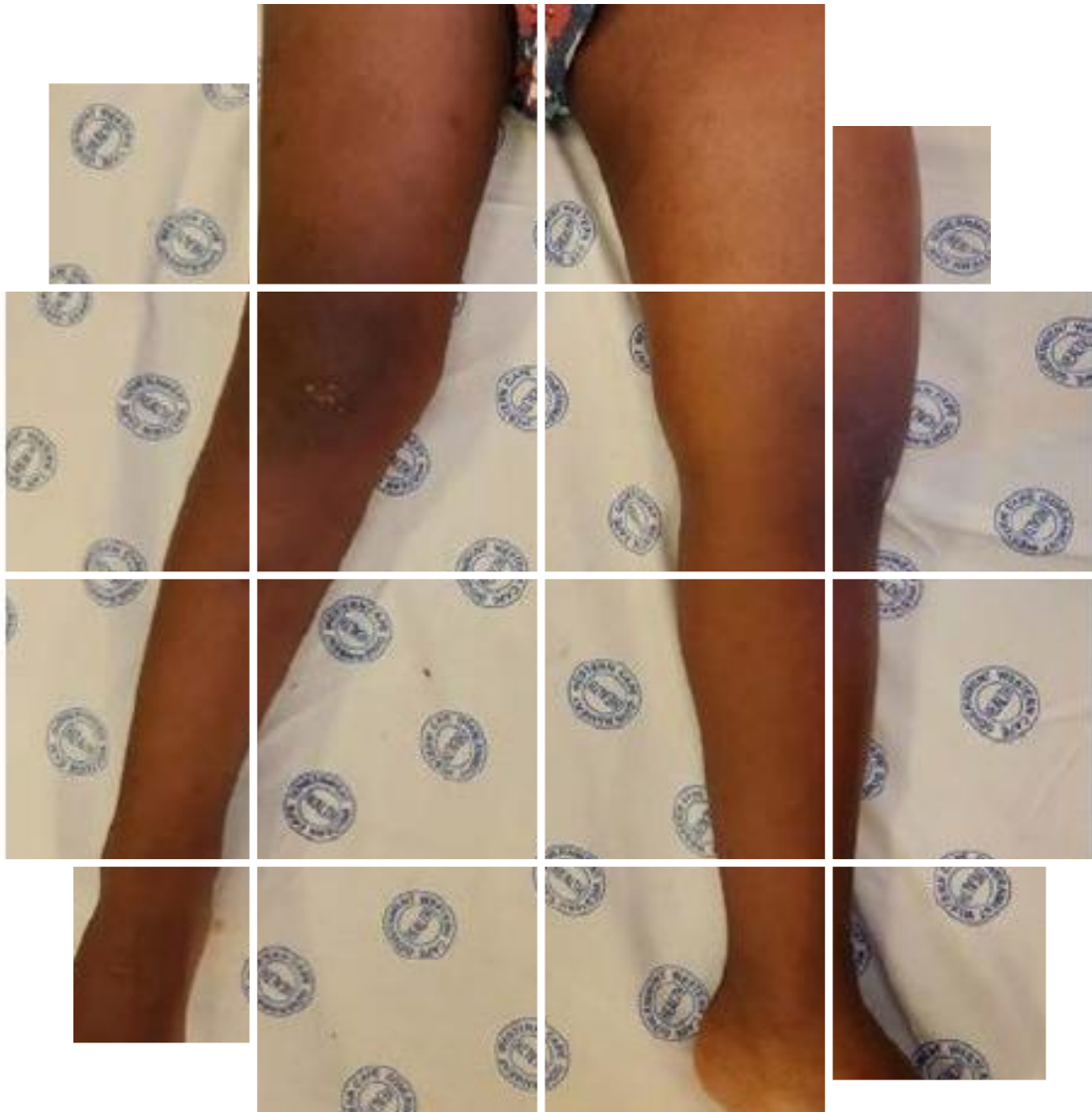
Introduction



“Acute osteomyelitis in children often masquerades as cellulitis, leading to delay in proper treatment, which might cause complications.

Understanding

Osteomyelitis and Cellulitis



Definition:

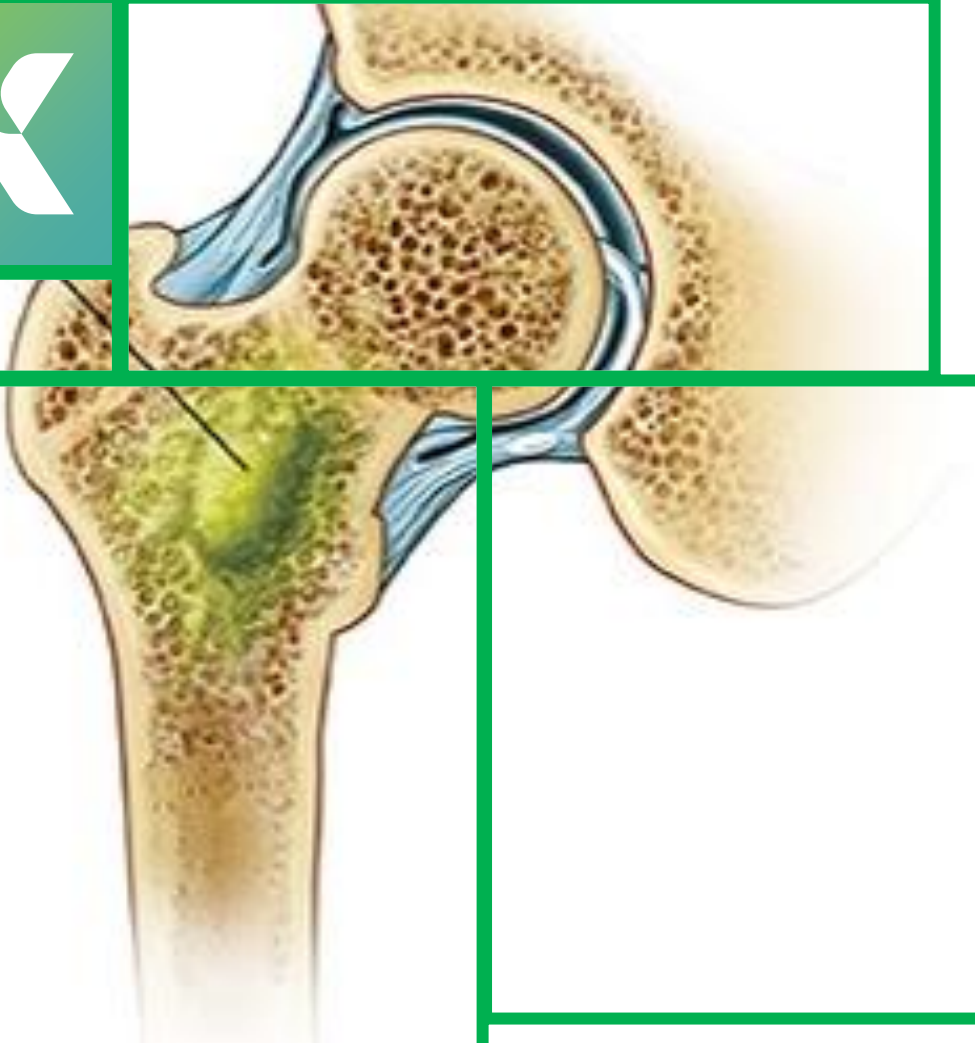


Osteomyelitis

Definition: acute osteomyelitis

Osteomyelitis, first described by Hippocrates, is a bone disorder characterized by an inflammatory process of bone involving the bone marrow, bone cortex, periosteum and sometimes surrounding soft tissue, which often results in bone destruction.

(Huang et al., 2023)



Epidemiology & Demographics

FINDINGS

There are several studies related to incidence of osteomyelitis, but we found no study conducted in Bangladesh

RATIO

According to a study by Harvard University, **2016**, the incidence is **2 - 13** per **100,000 children** in developed countries.

•Osteomyelitis is more common in younger children, usually five years and under, although it can occur at any age.

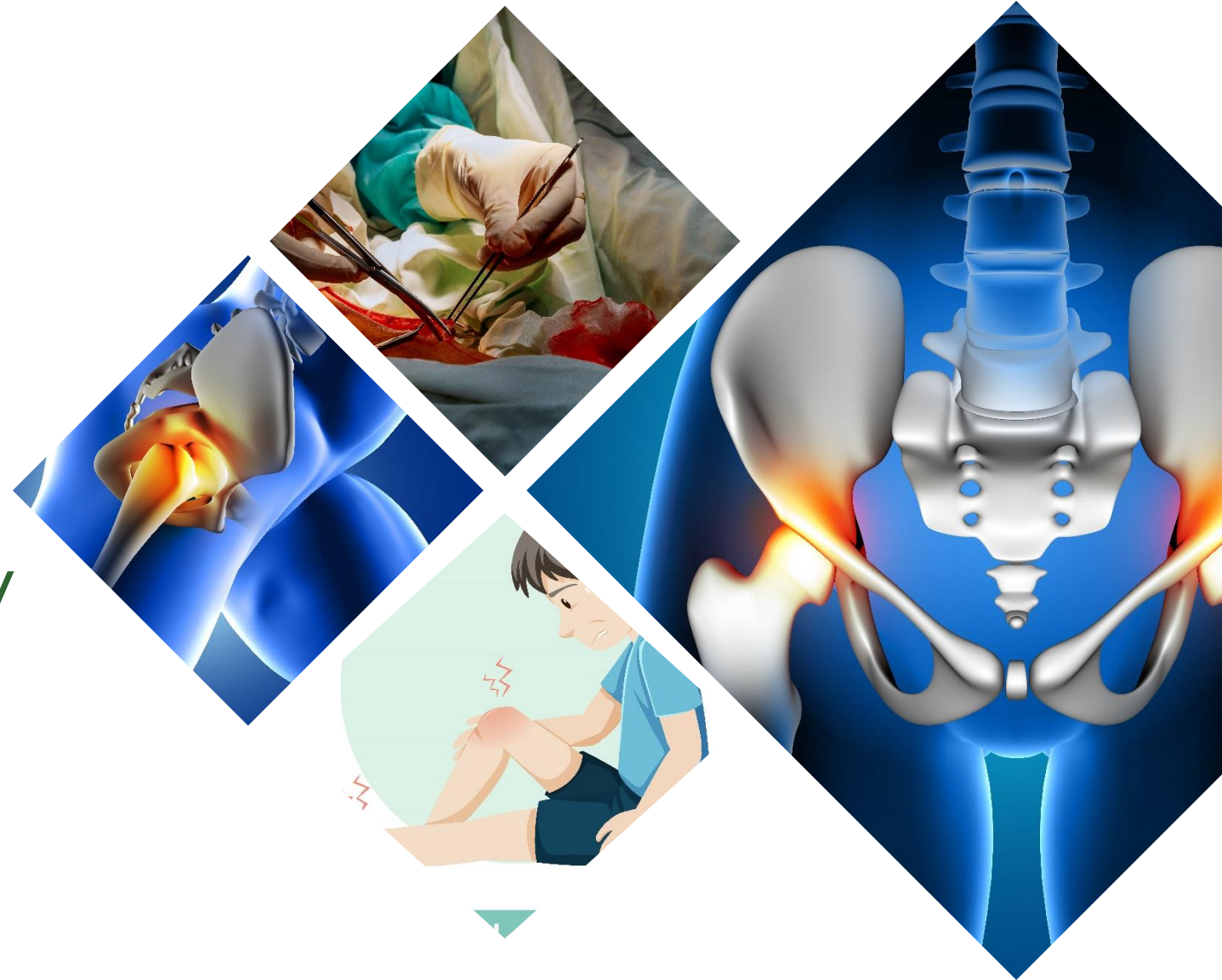
•Boys are more often affected than girls.

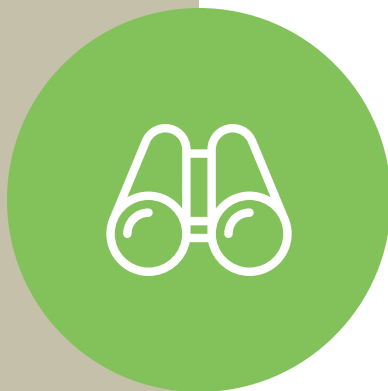
(Johns Hopkins Medicine, 2021)

Causes of Adult Osteomyelitis

In adults, osteomyelitis typically develops as a result of open wounds caused by fractures, surgical interventions, or a combination of both.

(Garcia del Pozo et al., 2018)





It is seen in immune compromised patients and elderly individuals as a result of an increased chronic diseases,

- ✓ **Vascular diseases**
- ✓ **Peripheral neuropathy**
- ✓ **Degenerative joint diseases requiring arthroplasty**
- ✓ **Diabetes.**

(Peker, Wei and Siegal, 2019)

Route of disease spread

Option 1

Hematogenous route of infection through bacteremic seeding of bone from a distant source of infection.

Option 2

Contiguous spread from surrounding tissue and joints.

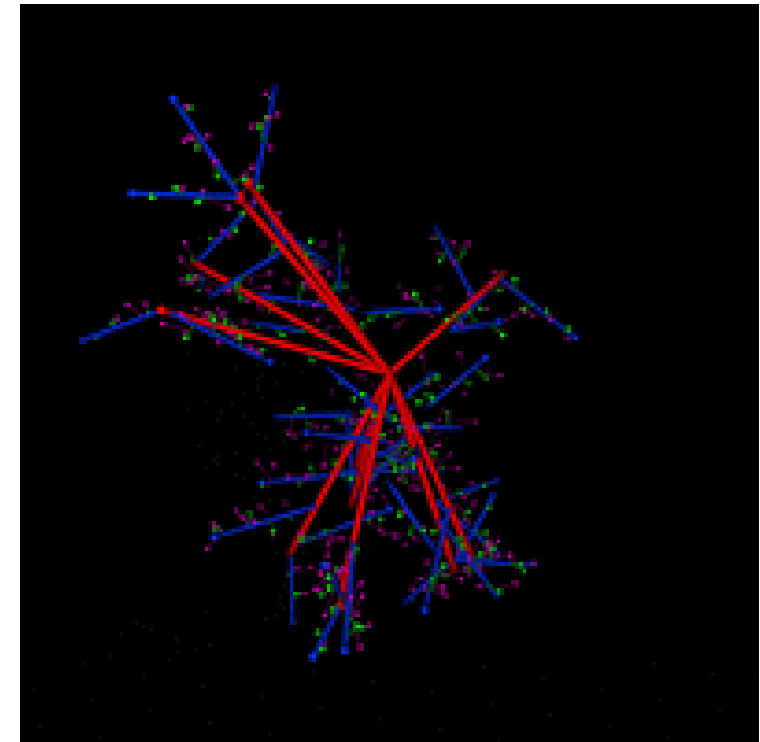
Option 3

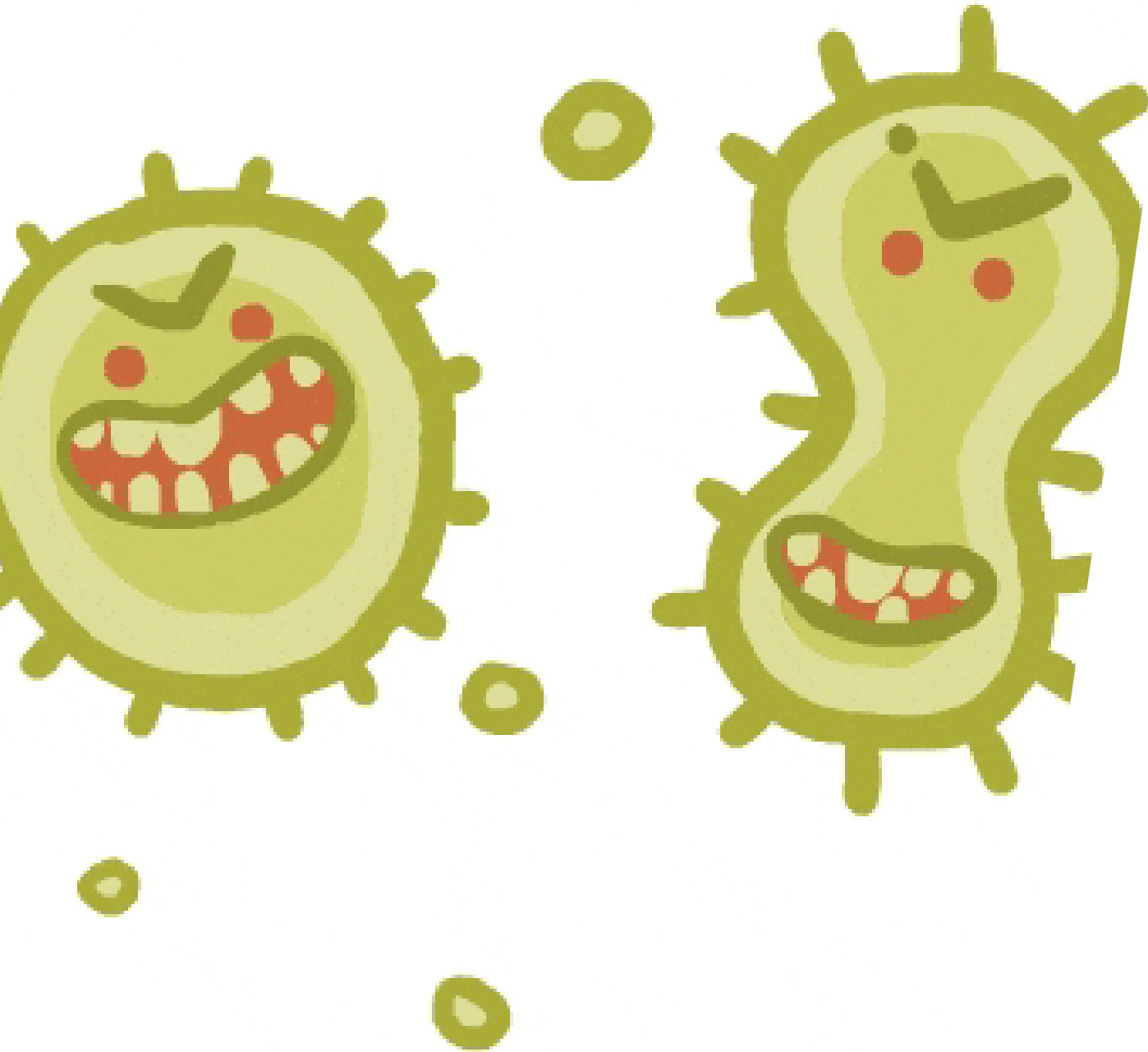
Direct inoculation of bone from trauma or surgery.

(Momodu and Savaliya, 2023)

Thingsaker, Urbane and Pavare (2021) stated that

Acute hematogenous osteomyelitis (AHO) is the most common pediatric musculoskeletal infection.





Causative organisms

According to Maffulli et al. (2016):

1

Staphylococcus aureus and *Staphylococcus epidermidis* (most common).

2

Other relevant bacteria:
Enterococcus spp.,
Streptococcus spp.

3

Fungi: *Candida* and *Aspergillus*.

Clinical Features

Local Swelling

Fever

Pain

Investigations:

- ❑ Complete blood count (CBC)
- ❑ Erythrocyte sedimentation rate (ESR)
- ❑ C-reactive protein (CRP)
- ❑ Blood culture (C/S)
- ❑ X-ray



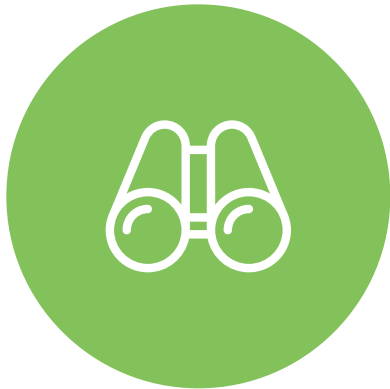
80% of patients presenting within the first two weeks of onset infection will have a normal radiograph.

(Jaramillo, 2011)



Treatment

- ✓ From suspicion of diagnosis, broad spectrum antibiotic is started. After getting the blood C/S report, antibiotic might be changed.
- ✓ If the patient is improved, conservative treatment is continued.
- ✓ If the condition is not improved, we should go for surgery.



Surgery in Acute Osteomyelitis

Incision up to periosteum

Drilling multiple holes on the bone

Keeping the wound open

Multiple dressing is required, let the wound heal spontaneously.

CELLULITIS

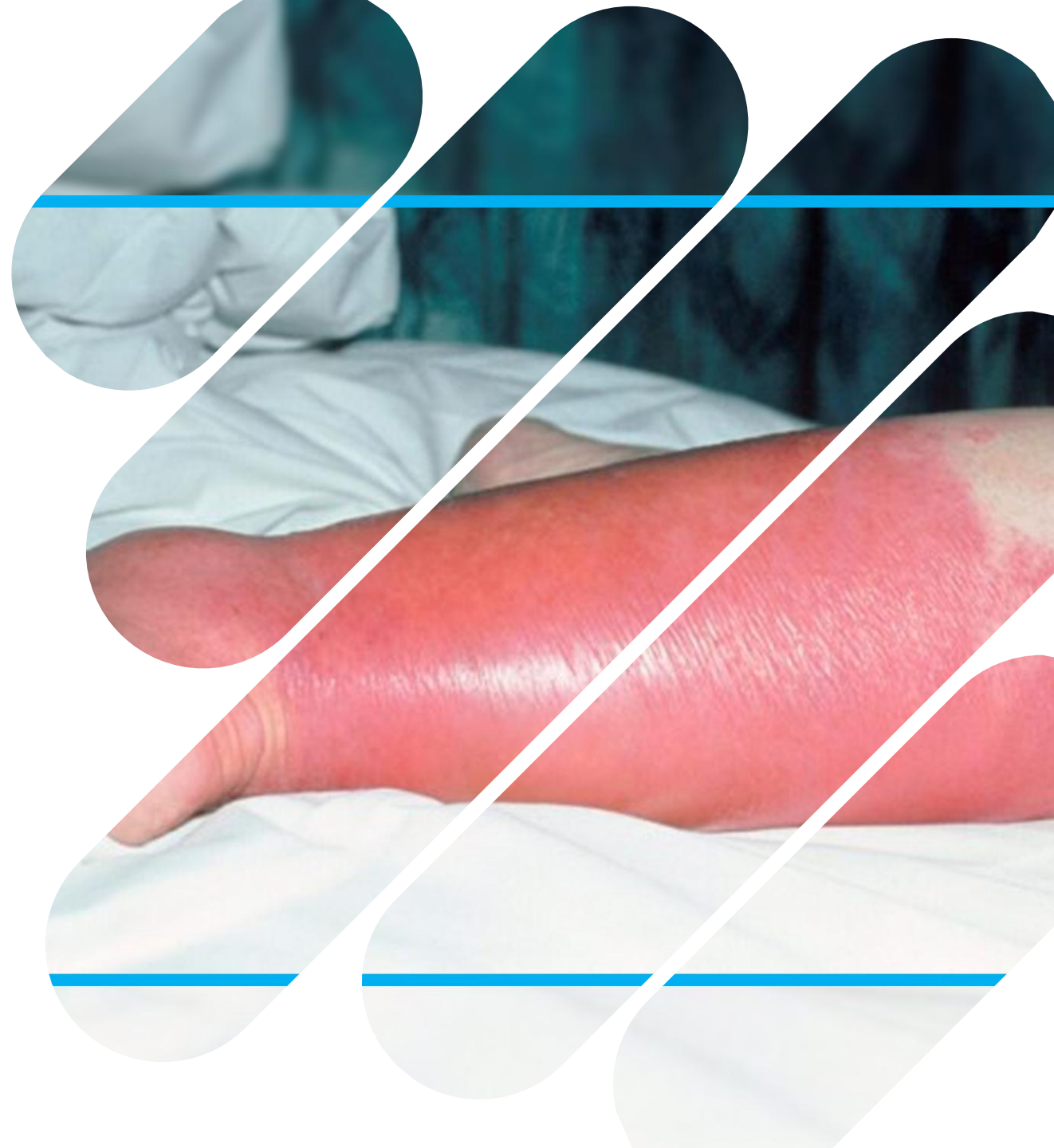
Definition: Cellulitis is simply defined as an acute infection of the skin involving the dermis and subcutaneous tissues.

(Sullivan and de Barra, 2018)

Epidemiology and Demographics

- ✓ Incidence rate : 24.6/1000 person-years.
- ✓ A higher incidence in males of all ages.
- ✓ Incidence increased with increasing age.

Ellis Simonsen et al., 2006



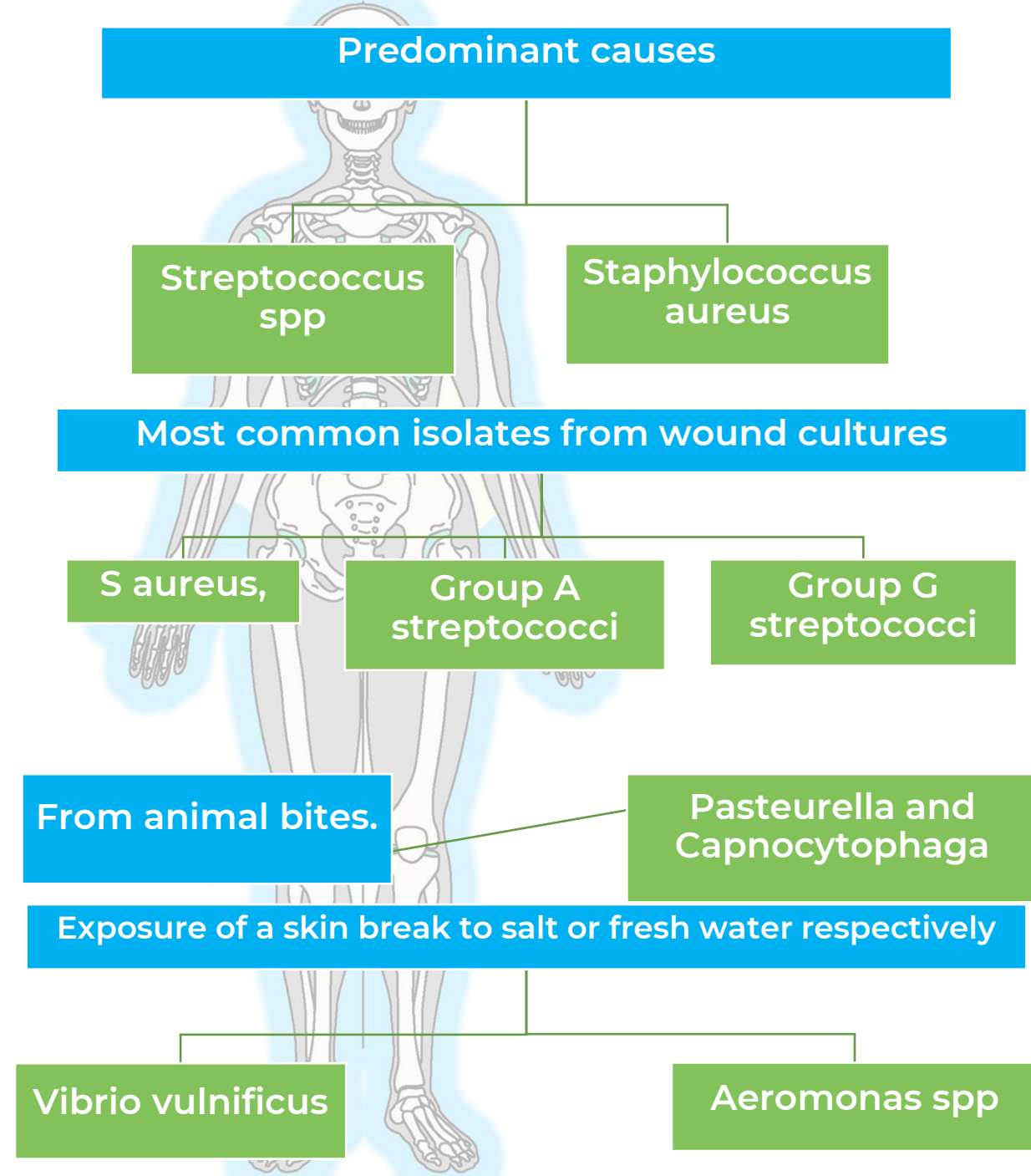
Clinical Features

(Raff and Kroshinsky, 2016)

1. POORLY DEMARCATED ERYTHEMA.
2. EDEMA.
3. WARMTH.
4. TENDERNES.

Causative organisms

(Sullivan and de Barra, 2018)



Investigations

Complete blood count (CBC)

(ESR) Erythrocyte sedimentation rate

C-reactive protein (CRP)

Blood culture (CS)

X-ray

Musculoskeletal Ultrasound

Wound swab culture



Treatment

Conservative Treatment:

- ✓ First, broad-spectrum antibiotic is given.
- ✓ If symptoms subside, continue the conservative treatment.
- ✓ If condition deteriorates, go for surgical approach.

Surgical Treatment:

- ✓ Fasciotomy is done.
- ✓ Keep the wound open for multiple dressings.
- ✓ Secondary closure/skin grafting is done after eradication of infection.



Two Cases of Osteomyelitis Misdiagnosed as Cellulitis

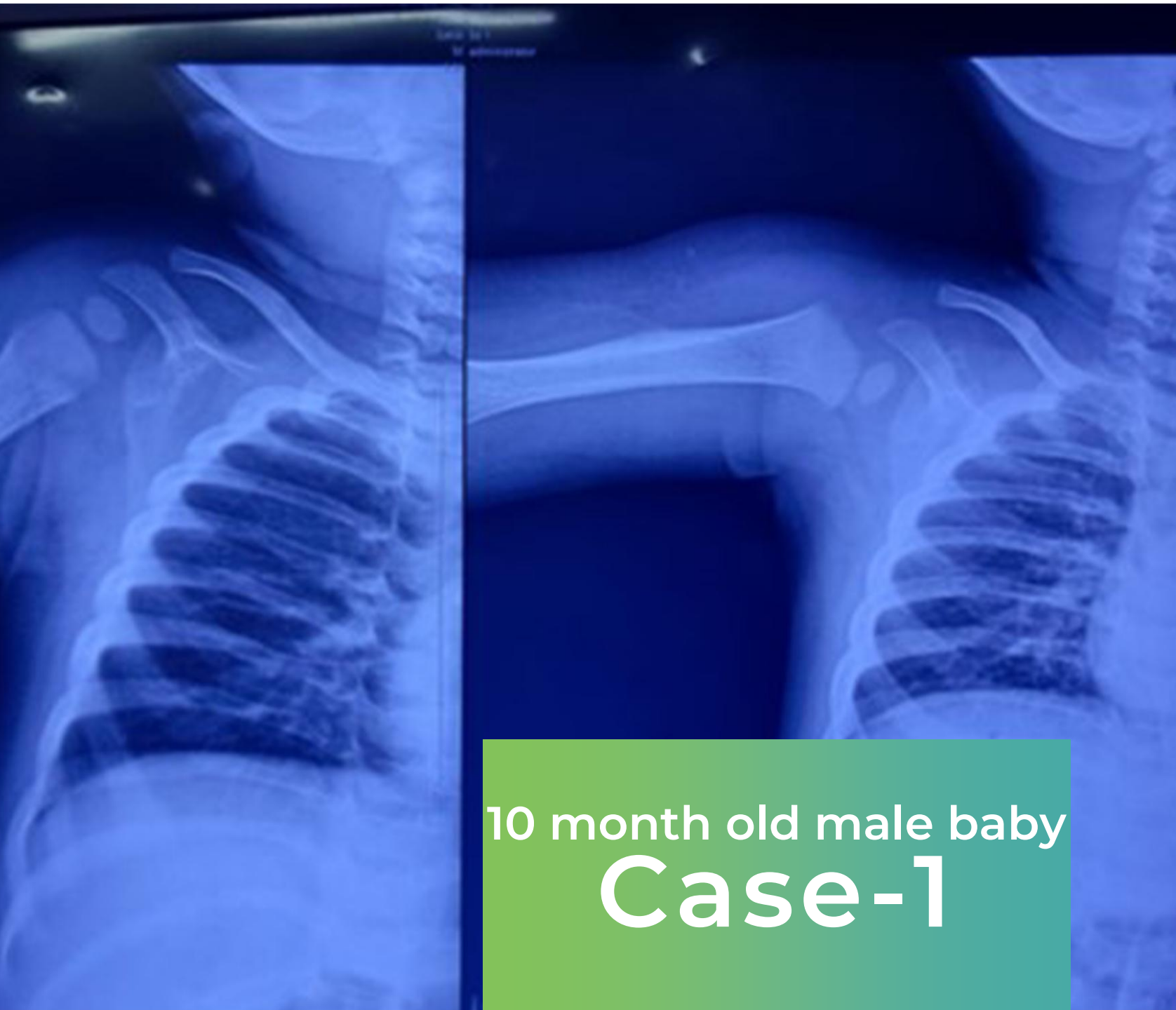




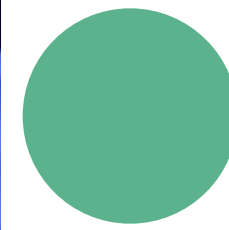
A 10 month old male baby, was admitted in Dhaka Medical College Hospital with swelling of right upper arm.

His condition was diagnosed as cellulitis and a small incision was done near axilla to drain fluid.

10 month old male baby
Case-1



10 month old male baby
Case-1

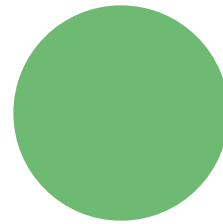


The initial X-ray
shows
no abnormality.

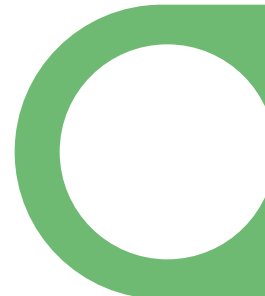


month old male baby
Case-1

His condition **did not improve**, rather deteriorated. So, his parents did a **repeat X-ray** of affected limb and came to our hospital.



The second X-ray showed a **sequestrum along the middle of humerus** which indicates the case has turned from acute osteomyelitis into chronic osteomyelitis.



We advised the parents to **admit the baby**, but they failed to follow up.





A 11 year old boy was admitted in the department of **Pediatrics** in **Ad-din Women's Medical College**, with pain and swelling of left arm. After evaluation, his condition was diagnosed initially as **cellulitis**, then **septic arthritis**.

His **ESR** and **CRP** were **raised**. So he received broad spectrum antibiotic. After several days, blood CS was done.

11 years old male baby
Case-2



● His X-ray revealed
no abnormality.

11 years old male baby
Case-2



His condition remained **unchanged**, so he was referred to our department. We diagnosed him as a case of **acute osteomyelitis** and decided to perform **surgery**.

During surgery **huge** amount of **pus** came out from the **affected site**.

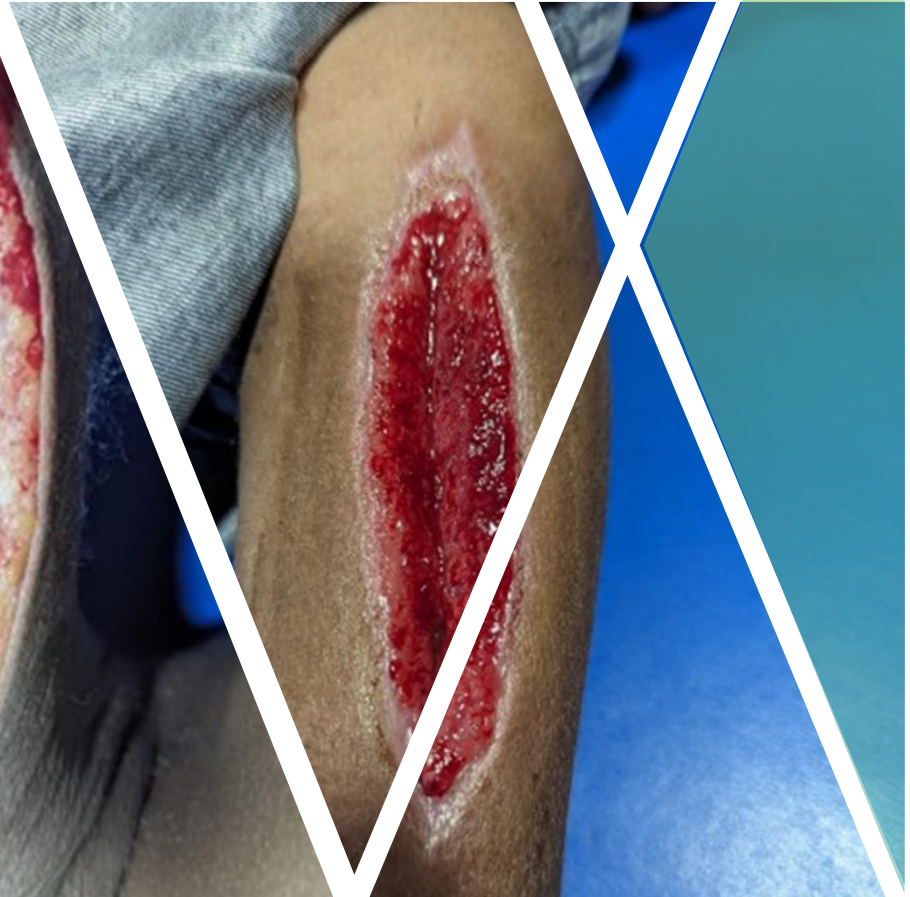
11 years old male baby
Case-2

After surgery, his wound was kept open and daily dressing was done up to 21 days.

Wound at
5th POD



Wound at
21st POD



The boy was discharged after 21st POD with appropriate medication and advice.

CONCLUSION



Acute osteomyelitis and cellulitis initially may present as same but there are some key differences.



Acute osteomyelitis is mainly a disease of young children, with a male predominance. Adults are usually affected when they are immunocompromised or as a result of open fracture.



The risk of cellulitis is greater in old or middle aged males.



In case of children, acute osteomyelitis should be considered first.

Reference:

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My Upcoming Conferences

- ✓ I submitted a total of 5 abstracts for the conference of Asia Pacific Orthopedic Association, to be held from 9th to 12th April, 2025 in Cairns, Australia. By the grace of almighty Allah, all of them got accepted (3 for podium presentation, 2 for poster presentation).
- ✓ For Global Spine Congress, 2025, I submitted 3 abstracts, 2 of which were accepted for poster presentation. The congress will take place on from 28th to 31st May, 2025, in Rio de Janeiro, Brazil.

For APOA, 2025, the following topics were accepted:



Podium Presentation:

- 1) Epidural PRP Injection: An Alternative Treatment of Spinal Pain
- 2) Advanced Osteoarthritis of Knee: New Treatment, New Hope
- 3) Treatment of Avascular Necrosis of Femoral Head with Preserving Natural Joint by Laser Augmented PRP



Poster Presentation:

- 1) Langerhans cell histiocytosis in Lumbar spine - A rare case report
- 2) Diagnostic Dilemma between Telangiectatic Osteosarcoma (TOS) & Aneurysmal Bone Cyst



Abstract No. AOS-0210

Title: Treatment of Ischaemic Necrosis of Femoral Head with Preserving Native Joint by Laser Augmented PRP

Presenting Author: Prof. Shashidhar, Orthopaedics and Spine Surgery, All India Women's Medical College Hospital, 3, Raza Marghansar, Dhaka, Bangladesh, 1217, shashidhar@ipwmc.org, 0171 870 688

Co Authors:

Title of Presentation: Oral Presentation

Category of Presentation: Hip

Introduction:

Avascular necrosis (AVN), also known as osteonecrosis is a debilitating condition characterised by bone tissue death due to impaired blood supply. Traditional treatments offer major surgical interventions, such as core decompression which has limited success.

We attempted to evaluate the efficacy of platelet-rich plasma (PRP) combined with laser parallel regarding improved outcomes for hip AVN patients.

Methods:

This study involved 10 hip diagnosed with AVN, who's treated across month interval for three months. First, intra-articular laser parallel was performed in the affected hip/joint. Then PRP prepared from the patient's own blood, was injected. Clinical and radiological assessments were correlated at beginning of treatment, 3 months, and 1 year post-treatment. Outcome measures included pain relief (VAS score), and radiological changes (X-ray).

Results:

Patients experienced no adverse effect. Significant pain-relief was observed, with radiate function improved. X-ray revealed increased radiopacity and more homogeneous appearance indicating increased bone density and reduction of osteopenia respectively.

Conclusion:

Available literature showed positive outcomes involving PRP for treating hip AVN. By incorporating intra-articular laser parallel with PRP we experienced a better result.

Conclusion:

Combining intra-articular laser parallel with PRP shows promising results for hip AVN treatment, with significant pain relief, functional and radiological improvement. This minimally invasive approach could possibly be a good alternative to surgery, delaying or even bypassing the need for hip replacement.

(10)

Note: This is an abstract only and does not represent the views of the journal. It is not intended for publication in the journal.



Abstract No. AOS-0210

Title: Advanced Osteoarthritis of Knee: New Treatment, New Hope

Presenting Author: Prof. Shashidhar, Orthopaedics and Spine, All India Women's Medical College Hospital, 3, Raza Marghansar, Dhaka, Dhaka Circle RA, Bangladesh, 1217, shashidhar@ipwmc.org, 0171 870 688

Co Authors:

Title of Presentation: Oral Presentation

Category of Presentation: Knee

Introduction:

Knee osteoarthritis (KOA) is a common degenerative joint disorder causing pain, inflammation, and reduced mobility. Traditional treatments like NSAIDs and intra-articular corticosteroid injections offer provide only temporary relief with potential side effects. The only available treatment for grade II knee osteoarthritis is arthroscopy. Recent advancements in regenerative therapies, such as Platelet-Rich Plasma (PRP) and laser therapy offer new hope.

This study explores the combination of PRP and intra-articular laser parallel for treating advanced knee OA.

Methods:

We included total 12 knees with grade II KOA. Intra-articular laser parallel along with subcutaneous PRP was given as the first dose. In subsequent 3 doses, only PRP was given. Outcomes were measured by post-treatment X-ray findings and Visual Analogue Scale (VAS).

Results:

The combination of PRP and laser therapy led to significantly greater improvements in pain reduction, function, and cartilage regeneration compared to PRP alone. In treated all cases, significant radiological changes were found. In 7 cases, previous surgery showed the joints were arthroscopy. After 2 months of treatment, joint space was created, which means cartilage formation was evident.

Conclusion:

In other parallel PRP is found to be effective for mild to moderate KOA. Our study shows that PRP with laser parallel was effective for advanced or grade II KOA.

Conclusion:

Incorporating PRP with laser therapy presents a promising, minimally invasive treatment for KOA, offering superior pain relief, enhanced joint function, and better cartilage regeneration than PRP alone. This combined approach for KOA management will open windows for further research and potential clinical success.

Note: This is an abstract only and does not represent the views of the journal. It is not intended for publication in the journal.



Abstract No. ABO-0341

Title: Epidural PRP Injections An Alternative Treatment of Spinal Pain

Presenting Author: Prof. Shashidh Muru, Orthopaedic and Spine Surgery, Adalin Women's Medical College(Hospital), Adalin Women's Medical College Hospital, 2, Rona Highlanser, Dabra, Rajasthan, 3317, shashidhMuru@gmail.com, 0779111408

Co Authors:

Media of Presentation: Oral Presentation

Category of Presentation: Research, Registration or Guidelines

Introduction:

Protracted intervertebral disc (PIED) is a common cause of low back pain, back pain, neck pain and radiating pain which significantly affect quality of life. Traditional treatments include conservative (medical), physiotherapy, epidural steroid injection and surgery. Recently, platelet rich plasma (PRP) has emerged as a potential therapeutic option due to its regenerative property. This study aims to evaluate the efficacy and safety of epidural PRP injections in patients with protracted intervertebral disc, degenerative disc disease and spinal radiating pain relief, functional improvement, and reduction of the size of herniated disc in some cases.

Methods:

3333 patients with symptomatic protracted intervertebral disc were enrolled. Diagnosis was confirmed by MRI. 30 ml autologous PRP was injected in epidural area of the affected disc level. Total 3 discs were given, in 1 month interval. Clinical outcomes were assessed using the Visual Analog Scale (VAS) for pain. Repeat MRI were done after completion of treatment in some cases.

Results:

Patients receiving epidural PRP showed significant improvement in functionality and VAS score. Post treatment MRI in some cases showed a reduction in herniated disc size.

Conclusion:

Patients receiving epidural PRP showed a promising outcome regarding pain relief and functional improvement.

Conclusions:

Epidural autologous PRP injections appear to be a safe and effective treatment for a range of spinal disorders, providing significant pain relief and functional improvement. This biologics therapy could be a great alternative of invasive treatments, with the capability of tissue healing and regeneration. Further studies with long-term follow-up are recommended.

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Have this as an abstract and add a copy to the email, may want your abstract to be shashidhMuru@gmail.com



Abstract No. ABO-0342

Title: Long-term Cell Heterogeneity in Lumbar Spinal B-Cell Case Report

Presenting Author: Prof. Shashidh Muru, Orthopaedic and Spine Surgery, Adalin Women's Medical College(Hospital), Adalin Women's Medical College Hospital, 2, Rona Highlanser, Dabra, Rajasthan, 3317, shashidhMuru@gmail.com, 0779111408

Co Authors:

Media of Presentation: B-Paper Presentation

Category of Presentation: Oncology

Introduction:

Long-term cell heterogeneity (LCH) is an inflammatory myeloid neoplasm caused by alterations (mutations) of several genes in the RAS/RAS pathway (RAS/RAS). Long-term cell heterogeneity is a rare disorder that can damage tissue or cause lesions to form in connective tissue in the body. LCH is a rare disease that begins in long-term cell heterogeneity in the body, light against infection.

Methods:

A 71-year-old lady came with the complaint of low back pain with bilateral radiating pain and weakness of both lower limbs initially to walk. After admission in Hospital X-ray, CT Scan, MRI and other histological investigations were done. Histological studies revealed a solitary osteolytic lesion, which was radiologically assessed on contrast MRI imaging. L₂ compressive fracture with fracture fixation was done by Thomas technique with bone grafting, and stabilization was done by Thomas technique with L₂ with fracture fixation approach. The low back pain was disappeared just after operation & neurological status was improved after 30 days of operation & patient was able to walk with support. A precise diagnosis of LCH was established after histological study of the removed vertebra. No post-operative radiotherapy was given.

Results:

After 24 years follow up no local recurrence was noticed.

Conclusion:

Proper histological study is required to establish the diagnosis of spinal LCH.

Conclusions:

In case of lumbar spine, LCH surgery should be considered if there is neurological deficit or histological diagnosis is confirmed. It is also verified whether can be used to alleviate neurological symptoms and prevent local recurrence.

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Have this as an abstract and add a copy to the email, may want your abstract to be shashidhMuru@gmail.com



Abstract No. A00-0308

Title: Diagnostic Differential between Intraspinal Osteosarcoma(TOS) & Intraspinal Bone Cyst

Presenting Author: Prof. Shashidhar, Orthopaedic and Spine Surgery, Adelaide Women's Medical College(Hospital), Adelaide Women's Medical College Hospital, 3, Ross Highways, Duxton, Kangaroo Island, 5117, shashidhar@paul.com.au, 0735111488

Co Authors:

Head of Presentation: R.Pinder, President

Category of Presentation: Spine

Introduction:

Intraspinal osteosarcoma (TOS) of the spine is rare accounting only 1.08% of all primary osteosarcomas. In Kangaroo Island there is no case report of TOS. We discuss the clinical, radiological and pathological features and discuss the treatment options of TOS of the lumbar spine presenting in a young man.

Methods:

This observational study was conducted in Department of Orthopaedic and Spine Surgery in Adelaide Women's Medical College Hospital during the period of August, 2019 to August, 2020. We did MRI, MR spectroscopy & CT angiogram & histological tests. MRI reveals intraspinal bone cyst (IBC). Then we operated the patient & tissue histology report was in favour of ABC. After 6 months of surgery patient came back with recurrence of symptoms. Repeat CT scan done revealing radiological feature like cortical expansion. Tissue biopsy was done again report reveals osteosarcoma (Intraspinal osteosarcoma of spine). Then the patient was treated by en bloc resection and got the treatment like chemotherapy & radiotherapy. Patient survived for 5 years.

Results:

Though we passed through the roads of diagnostic difficulties, all had we reached the correct diagnosis through which patient got the suitable treatment.

Discussion:

The differences associated with the diagnosis of TOS has been emphasized in literature. In particular as ABC is almost indistinguishable from TOS on radiographs.

Conclusion:

The correct diagnosis of TOS will be accurate histological examinations.

APOA2025 – IMPORTANT INFORMATION – ABSTRACT PODIUM PRESENTATION PROGRAM TIMES – Shahidul Islam

Inbox x



APOA2025 Info

to me ▾

Feb 20, 2025, 6:41 AM (4 days ago)



Dear Shahidul Islam,

PLEASE RESPOND TO THIS EMAIL CONFIRMING YOU HAVE RECEIVED.

We hope this message finds you well. On behalf of the organising committee of the **24th Congress of the Asia Pacific Orthopaedic Association**, we are pleased to have you present your abstract at **APOA2025 in Cairns, Australia from 9 – 12 April 2025**.

Congratulations! Your paper has been selected for a podium presentation (maximum 6 minutes duration).

Friday 11th April, 4.58pm

Epidural PRP Injection: An Alternative Treatment of Spinal Pain

We will send you further details closer to the meeting regarding uploading your presentation.

If you require any further information or need assistance, please don't hesitate to get in touch.

We look forward to seeing you at APOA 2025 in Cairns, Australia!

Kind regards,

Alison Fallon & Cara McFarlane

Secretariat for APOA 2025 Cairns

apoa2025.org



APOA2025 – IMPORTANT INFORMATION – ABSTRACT PODIUM PRESENTATION PROGRAM TIMES - Shahidul Islam

Inbox x



APOA2025 Info

to me

Thu, Feb 20, 8:57 AM (4 days ago)



Dear Shahidul Islam,

PLEASE RESPOND TO THIS EMAIL CONFIRMING YOU HAVE RECEIVED.

We hope this message finds you well. On behalf of the organising committee of the **24th Congress of the Asia Pacific Orthopaedic Association**, we are pleased to have you present your abstract at **APOA2025 in Cairns, Australia from 9 – 12 April 2025.**

Congratulations! Your paper has been selected for a podium presentation (maximum 6 minutes duration).

Thursday 10th April, 3.20pm

Advanced Osteoarthritis of Knee: New Treatment, New Hope

We will send you further details closer to the meeting regarding uploading your presentation.

If you require any further information or need assistance, please don't hesitate to get in touch.

We look forward to seeing you at APOA 2025 in Cairns, Australia!

Kind regards,

Alison Fallon & Cara McFarlane

Secretariat for APOA 2025 Cairns

apoa2025.org



APOA2025 – IMPORTANT INFORMATION – ABSTRACT SHORT ORAL PRESENTATION PROGRAM TIMES – Shahidul Islam



APOA2025 Info

to me

Fri, Feb 21, 4:05 AM (3 days ago)



Dear Shahidul Islam,

PLEASE RESPOND TO THIS EMAIL CONFIRMING YOU HAVE RECEIVED.

We hope this message finds you well. On behalf of the organising committee of the **24th Congress of the Asia Pacific Orthopaedic Association**, we are pleased to have you present your abstract at **APOA2025 in Cairns, Australia from 9 – 12 April 2025**.

Congratulations! Your paper has been selected for a short oral presentation (maximum 2 minutes duration and 3 content slides).

Thursday 10th April, 3.58pm

Treatment of Avascular Necrosis of Femoral Head with Preserving Natural Joint by Laser Augmented PRP

We will send you further details closer to the meeting regarding uploading your presentation and the location.

If you require any further information or need assistance, please don't hesitate to get in touch.

We look forward to seeing you at APOA 2025 in Cairns, Australia!

Kind regards,

Alison Fallon & Cara McFarlane
Secretariat for APOA 2025 Cairns
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APOA2025 - IMPORTANT EMAIL PLEASE READ - E-POSTER SUBMISSION INSTRUCTIONS

Inbox



A

APOA2025 Info

to me

Tue, Feb 11, 10:51 AM (13 days ago)



Dear Shahidul Islam,

PLEASE RESPOND TO THIS EMAIL CONFIRMING YOU HAVE RECEIVED

We hope this message finds you well. On behalf of the organising committee of the **24th Congress of the Asia Pacific Orthopaedic Association**, we are pleased to have you present your abstract as an e-poster at **APOA2025 in Cairns, Australia from 9 – 12 April 2025** and would like to provide you with the necessary instructions to prepare your e-poster for the conference.

- Langerhans Cell Histiocytosis in Lumbar Spine - A Rare Case Report
- Diagnostic Dilemma between Telangiectatic Osteosarcoma (TOS) & Aneurysmal Bone Cyst

All e-posters will be available for delegates to view digitally during the conference in the exhibition area. E-poster authors are not required to present their poster.

Please follow the guidelines below to ensure that your e-poster is ready for presentation:

1. File Format:

- Your e-poster should be submitted as a PowerPoint file using 16:9 dimensions

2. Content and Layout:

- Please use a simple, easy-to-read layout with large, legible fonts
- Use high-resolution images and graphs to ensure clarity when the poster is viewed digitally
- Please ensure that the text, images, and other content are clear and legible when displayed on a digital screen
- Ensure that all text and images fit within the designated area of the e-poster
- Please use a maximum of 5 slides including the title slide and declaration slide
- Please DO NOT embed any videos
- The second slide must contain the COMPLETED declaration slide (see attached).

3. Font and Text:

- Use a font size that is readable on a screen from a distance (e.g., minimum of 24 pt for body text).
- We recommend using sans-serif fonts (e.g., Arial, Helvetica) for clarity.

4. File Naming:

- Please name and save your file using the following format: CATEGORY_FULL NAME_FIRST 4 WORDS OF ABSTRACTS

5. Deadline for Submission:

- Please submit your e-poster by **Wednesday 3 MARCH** **no later than 5pm, Friday 14 March 2025 (Sydney, Australia time).**

If the submitted file does not meet the criteria above, you will be asked to re-submit. **Should you need any assistance, please do not hesitate to reach out by replying to this email.**

We look forward to your e-poster presentation at APOA2025!

Alison Fallon & Cara McFarlane

Secretariat for APOA 2025 Cairns

apoa2025.org



For GSC, 2025, the following topics were accepted:



Poster Presentation:

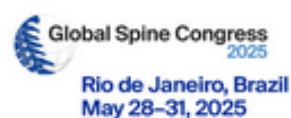
- 1) Epidural PRP Injection: An Alternative Treatment of Spinal Pain
- 2) Dual Infection in Spine - Tubercular and Pyogenic An Extremely Rare Case Report



AbstractGSC <abstractGSC@oic.it>

to me

Wed, Sep 25, 2024, 6:31 PM



ABSTRACT SUBMISSION CONFIRMATION

Dear Prof. Dr. Shahidul Islam,

Thank you for submitting an abstract to the Global Spine Congress (GSC) 2025, taking place May 28–31 2025 in Rio de Janeiro, Brazil.

Abstract Number: 2447

Abstract Title: Epidural PRP Injection : An Alternative Treatment of Spinal Pain

Presenter: **Prof. Dr. Shahidul Islam**

In order to view your submitted abstract or to submit another, please [login](#) to the abstract submission platform.

Changes to your abstracts will be allowed through the abstract submission deadline extended to **September 26, 2024, at 23:59 CET**.

Notification letters will be sent to presenting authors by November 25, 2024.

Should you have any questions or queries, please do not hesitate to contact our Help Desk: abstractGSC@oic.it

We look forward to seeing you in Rio de Janeiro!

Global Spine Congress
Organizing Team

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ABSTRACT SUBMISSION CONFIRMATION

Dear Prof. Dr. Shahidul Islam,

Thank you for submitting an abstract to the Global Spine Congress (GSC) 2025, taking place May 28–31 2025 in Rio de Janeiro, Brazil.

Abstract Number: 2449

Abstract Title: Dual Infection in Spine - Tubercular and Pyogenic : An Extremely Rare Case Report

Presenter: **Prof. Dr. Shahidul Islam**

In order to view your submitted abstract or to submit another, please [login](#) to the abstract submission platform.

Changes to your abstracts will be allowed through the abstract submission deadline extended to **September 26, 2024, at 23:59 CET**.

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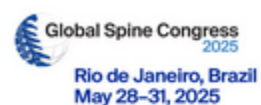


GSC 2025 - ABSTRACT SUBMISSION CONFIRMATION Inbox ✕



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ABSTRACT SUBMISSION CONFIRMATION

Dear Prof. Dr. Shahidul Islam,

Thank you for submitting an abstract to the Global Spine Congress (GSC) 2025, taking place May 28–31 2025 in Rio de Janeiro, Brazil.

Abstract Number: 2454

Abstract Title: Diagnostic Dilemma between Telangiectatic Osteosarcoma (TOS) and Aneurysmal Bone Cyst (ABC)

Presenter: **Prof. Dr. Shahidul Islam**

In order to view your submitted abstract or to submit another, please [login](#) to the abstract submission platform.

Changes to your abstracts will be allowed through the abstract submission deadline extended to **September 26, 2024, at 23:59 CET**.

Notification letters will be sent to presenting authors by November 25, 2024.

Should you have any questions or queries, please do not hesitate to contact our Help Desk: abstractGSC@oic.it

We look forward to seeing you in Rio de Janeiro!

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Abstract Notification - Global Spine Congress - Rio de Janeiro, May 28-31, 2025 inbox x



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Fri, Nov 22, 2024, 9:22 PM



To the attention of:
Prof. Dr. Shahidul Islam
Presenting Author

Dear Prof. Dr. Shahidul Islam,

Thank you for submitting your abstract for the next edition of the **Global Spine Congress (GSC)**, taking place from May 28-31, 2025, in Rio de Janeiro, Brazil. Your abstract was carefully reviewed by three to five distinguished reviewers.

On behalf of the **GSC 2025** Scientific Program Committee and as the officially appointed agency for AO Spine, we are pleased to inform you that your abstract has been

accepted for e-poster presentation

and will be published online in a special supplement of the Global Spine Journal.

In accordance with the program established by the Scientific Program Committee, please find below the details for your e-poster:

Abstract no: 2447

Abstract title: Epidural PRP Injection : An Alternative Treatment of Spinal Pain

Abstract no: 2449

Abstract title: Dual Infection in Spine - Tubercular and Pyogenic : An Extremely Rare Case Report

The best E-poster, as selected by the scientific program committee, will receive the Best E-poster Award which will be presented during the awards ceremony at the **GSC** in Rio. More information to follow.

Your e-poster

Posters will be displayed electronically in a designated area.
The e-poster template and upload details will be sent to you later.



**Thank You
So Much**