



# Findings in Patients From Benin With Osteomyelitis and Polymerase Chain Reaction-Confirmed *Mycobacterium ulcerans* Infection

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**Background.** *Mycobacterium ulcerans* is known to cause Buruli ulcer (BU), a necrotizing skin disease leading to extensive cutaneous and subcutaneous destruction and functional limitations. However, *M. ulcerans* infections are not limited to skin, and osteomyelitis, still poorly described in the literature, occurs in numerous young patients in Africa. **Methods.** In a retrospective matched case-control study conducted in a highly endemic area in Benin, we analyzed demographic, clinical, biological, and radiological features in all patients with *M. ulcerans* infections with bone involvement, identified from a cohort of 1257 patients with polymerase chain reaction-proved *M. ulcerans* infections. **Results.** The 81 patients studied had a median age of 11 years (interquartile range, 7-16 years) and were predominantly male (male-female ratio, 2:1). Osteomyelitis was observed beneath active BU lesions (60.5%) or at a distance from active or apparently healed BU lesions (14.8%) but also in patients without a history of BU skin lesions (24.7%). These lesions had an insidious course, with nonspecific clinical findings leading to delayed diagnosis. A comparison with findings in 243 age- and sex-matched patients with BU without osteomyelitis showed that case patients were less likely to have received BCG immunization than controls (33.3% vs 52.7%;  $P = .01$ ). They were also at higher risk of longer hospital stay (118 vs 69 days;  $P = .001$ ), surgery (92.6% vs 63.0%;  $P = .001$ ), and long-term crippling sequelae (55.6% vs 15.2%;  $P < .001$ ). **Conclusions.** This study highlighted the difficulties associated with diagnosis of *M. ulcerans* osteomyelitis, with one-fourth of patients having no apparent history of BU skin lesions, including during the current course of illness. Delays in treatment contributed to the high proportion (55.6%) of patients with crippling sequelae.

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