

Pressure-ulcer–associated pelvic and hip osteomyelitis: healthcare burden, microbiology, reconstruction and longitudinal quality of life outcomes

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Introduction

Pressure ulcers are common in people with impaired mobility and sensation. When pelvic or hip osteomyelitis develops, wounds are less likely to heal conservatively and can drive prolonged dressing care, bed rest and recurrent infection

Aims

- Assess characteristics and management of patients with pelvic osteomyelitis secondary to pressure ulcers.
- Quantify health-related QoL in operative and non-operative cohorts

Patients Included

Tertiary bone infection centre Consecutive cases 2018-2024

- Prospective observational cohort study
- Baseline and follow-up data collected by clinic or telephone

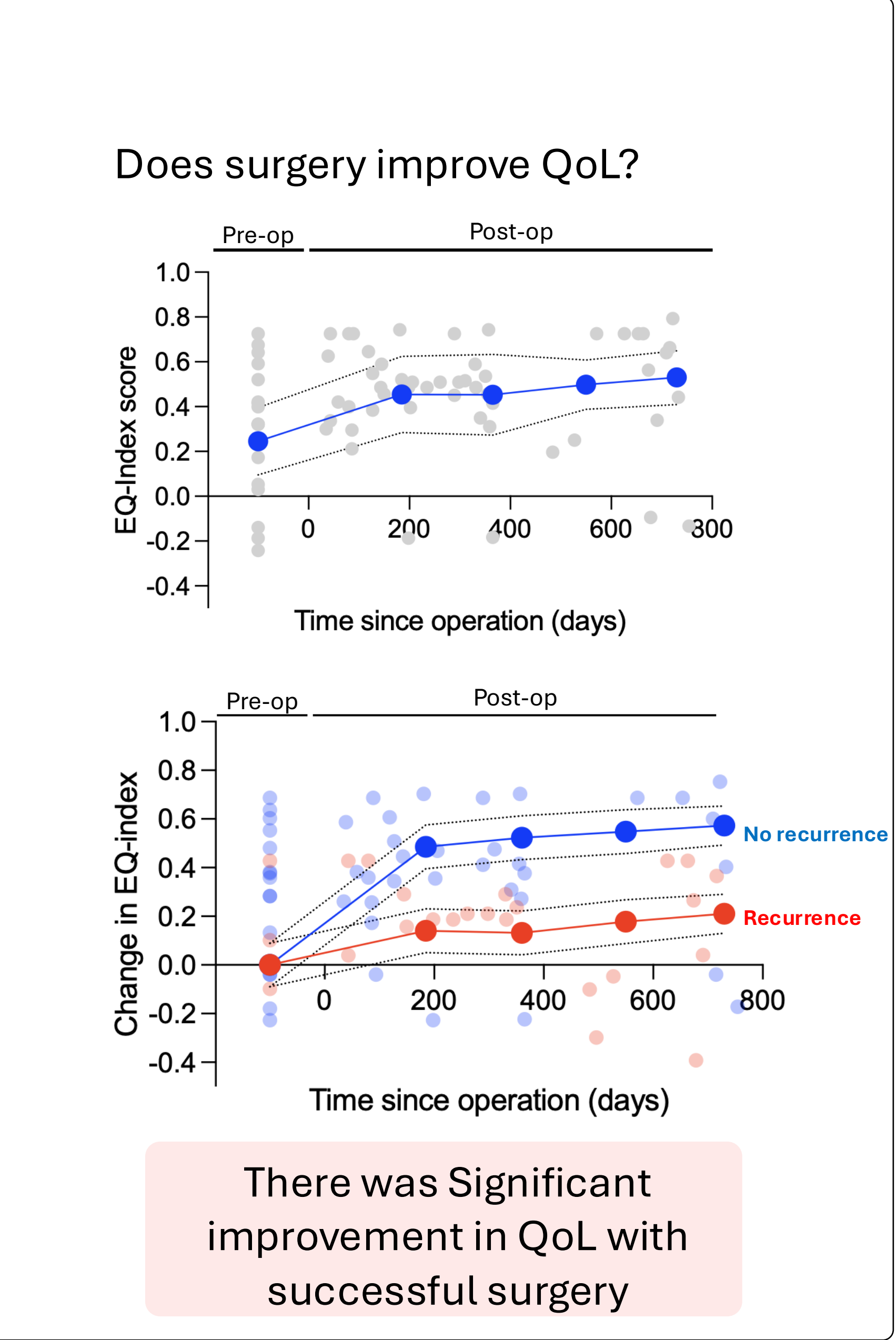
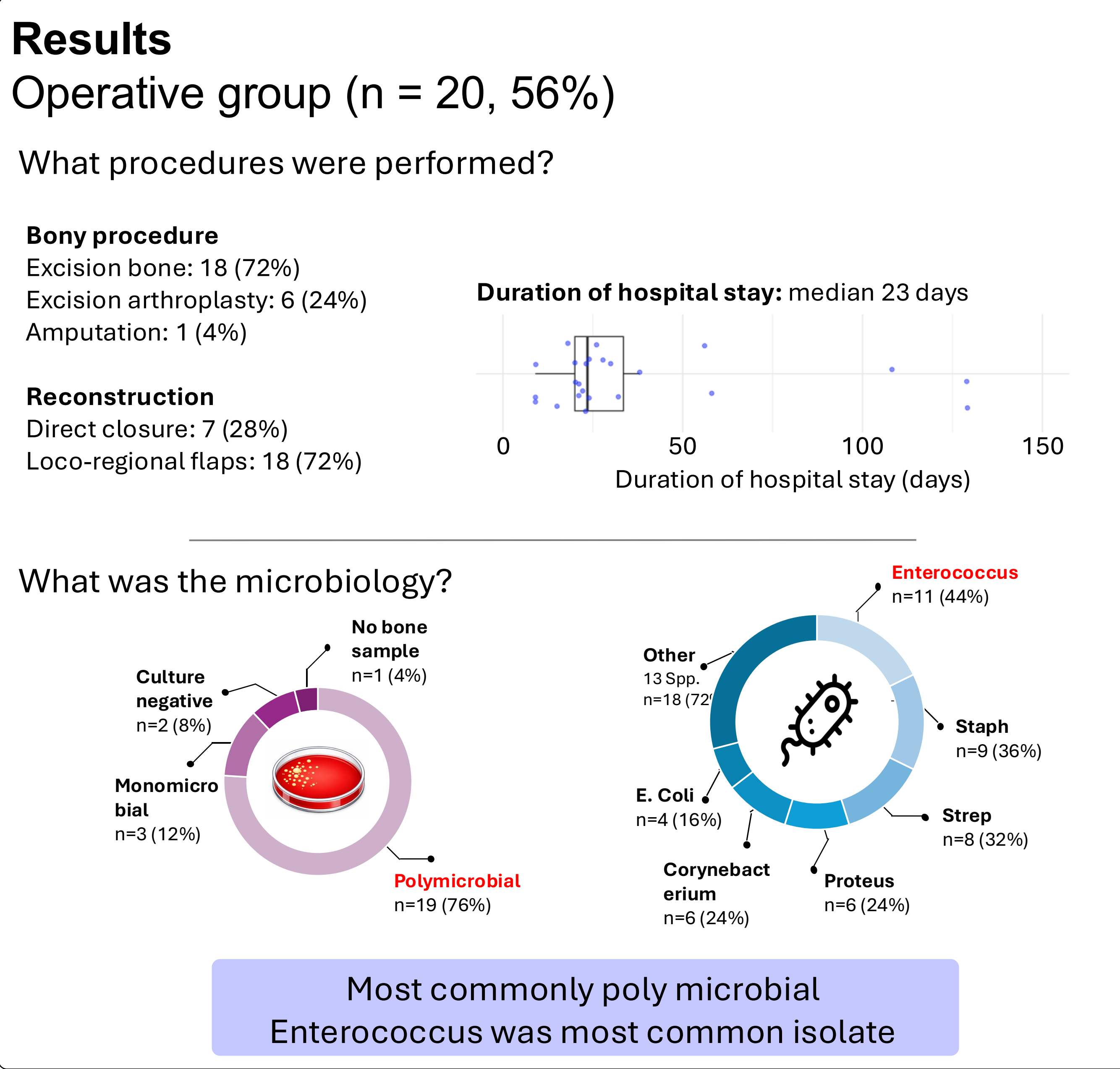
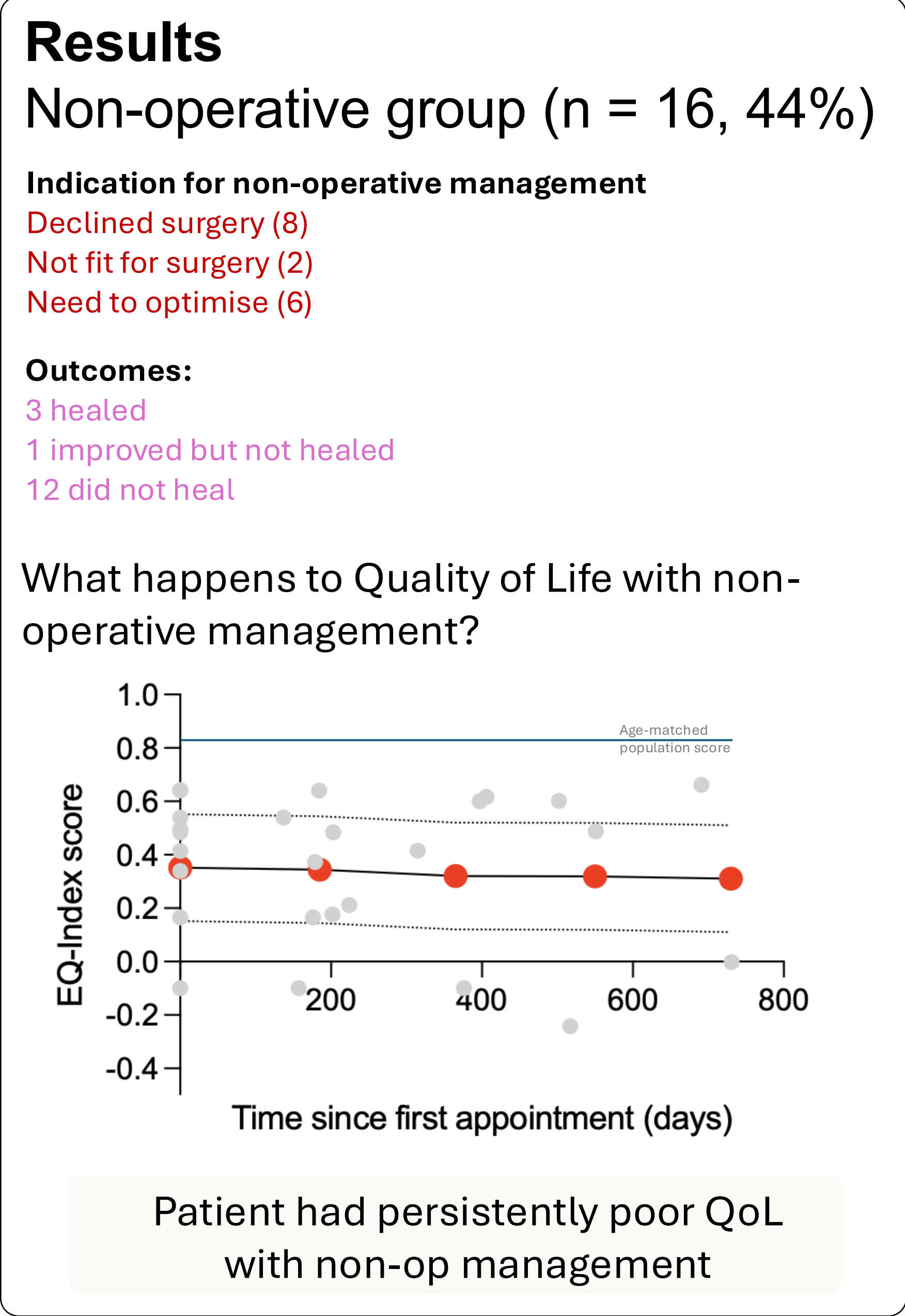
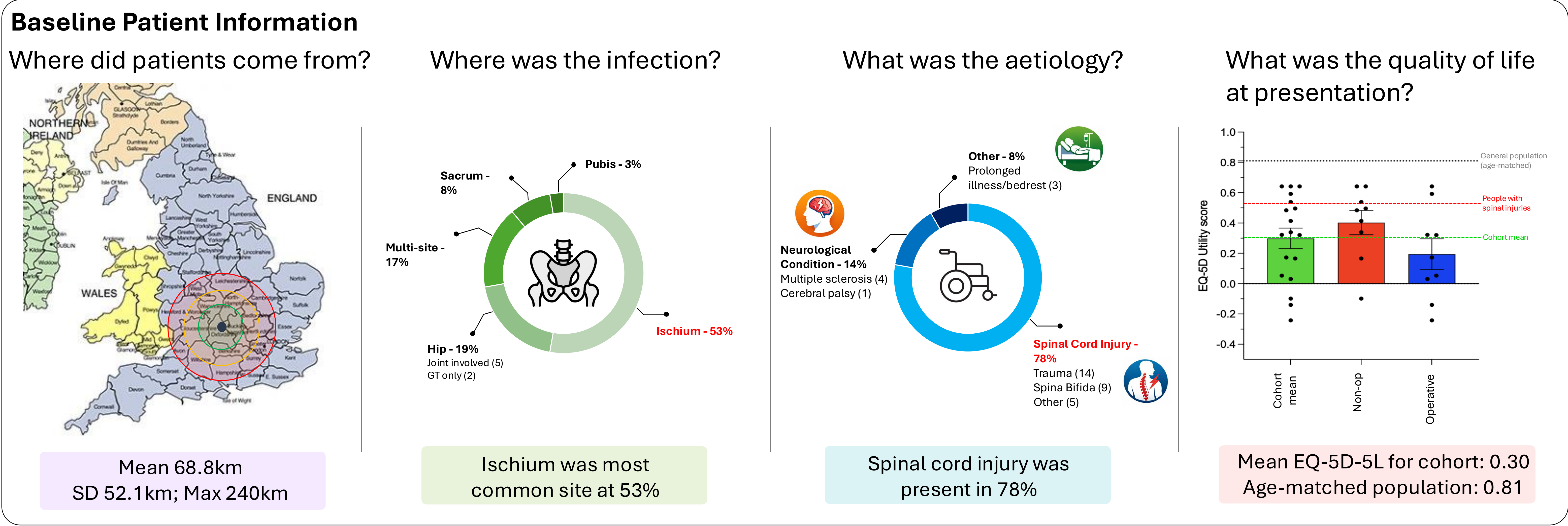
Inclusion criteria and patients

Inclusion criteria
Pressure ulceration with clinical and radiographical evidence of osteomyelitis involving the pelvis, hip, or proximal femur

36 patients included (2018-2024)
20 operative (56%)
16 non-operative (44%)

Outcomes recorded

- Patient reported quality of life (EQ-5D-5L)
- Operative details
- Microbiology
- Healing and recurrence



Summary

Pressure-ulcer–associated pelvic and hip osteomyelitis has a profound and sustained impact on quality of life.

Surgical management frequently requires complex bone debridement combined with soft-tissue reconstruction.

Infection is predominantly polymicrobial, with a broad spectrum of organisms identified.

There was a significant improvement in quality of life in the operative group, in the absence of recurrence.