A 50-year-old man with Werner syndrome was hospitalized for the treatment of refractory skin ulcers at cubital regions which had chronically deteriorated. The right olecranon of the ulna was surface-exposed (Picture A) and magnetic resonance imaging (T2WI) showed a heterogeneous high intensity inside, indicating osteomyelitis (Picture B). Although bacterial culture testing remained nonspecific, *Mycobacterium chelonae* was repeatedly isolated from the wound after an extended culture period. Two months after initiating antibiotics combination therapy, the infection remained in remission and the patient underwent skin grafting. The antibiotic treatment is planned to continue for more than one year.

In Werner syndrome, an autosomal recessive progeroid disease predominantly occurring in Japanese (1), a refractory skin ulcer can develop but the complication of osteomyelitis rarely occurs. *M. chelonae*, a rapidly growing mycobacterium, is known to cause osteomyelitis secondary to chronic skin infections (2). An early diagnosis of the mycobacterial infection is essential to prevent the occurrence of osteomyelitis.

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References


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Olecranon Osteomyelitis Caused by *Mycobacterium chelonae*

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