

## Picture of the Month

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**A** 17-YEAR-OLD BOY PRESENTED TO OUR HOSPITAL with a 4-week history of pain and restriction of movement in his left shoulder. Two weeks prior to presentation, he had developed a skin lesion on the anterior aspect of the same shoulder. At that point, radiographs of the shoulder (**Figure 1**) and chest (**Figure 2**) were obtained. It was assumed that he had a superficial skin infection, which prompted treatment with amoxicillin-clavulanate potassium without improvement.

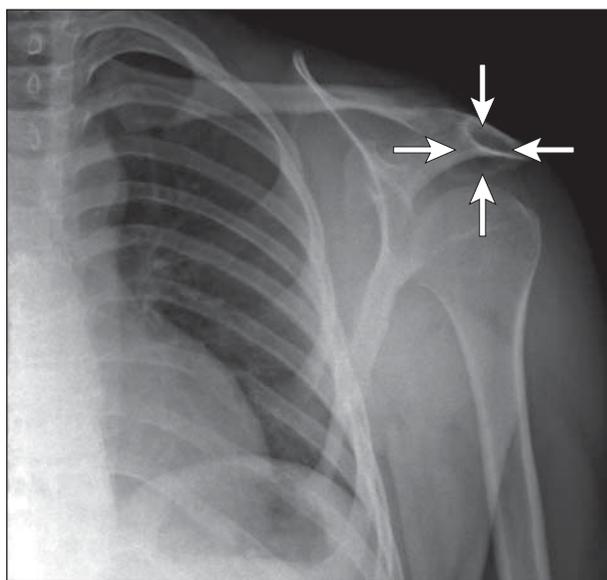
The patient had been born in Nepal, where he had lived until 2 years prior when he had migrated to the United Kingdom with his family. He had persistent back pain for the last 3 years as well as intermittent pyrexia for the

last 4 weeks. There was no history of recent travel or exposure to farm animals.

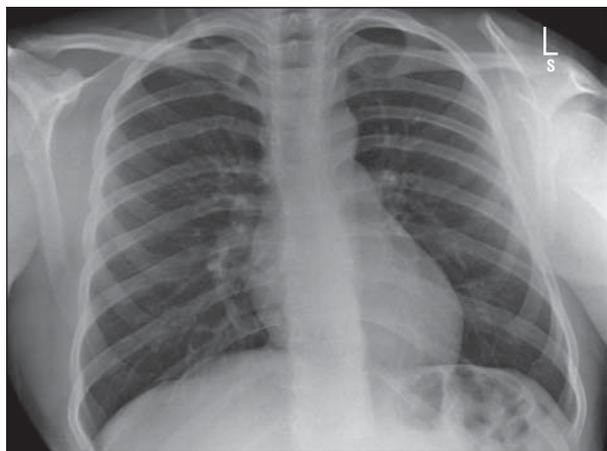
On physical examination, a round ulcer (1.0 cm in diameter) with purulent discharge but without surrounding erythema was found on his left shoulder and he had marked kyphoscoliosis; no further abnormal findings were noted. However, magnetic resonance imaging of his spine revealed further significant pathology (**Figure 3**).

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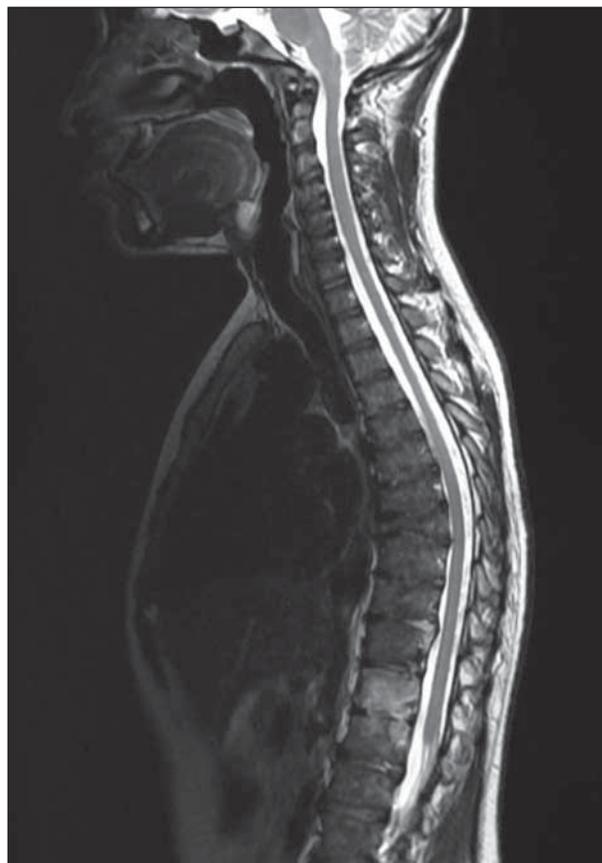
See [jamapeds.com](http://jamapeds.com) for the Picture of the Month Web Quiz: What is your diagnosis?



**Figure 1.** Plain radiograph of the left shoulder at initial presentation. While the radiograph was initially interpreted as normal, arrows indicate an osteolytic lesion in the acromion.



**Figure 2.** Plain chest radiograph at initial presentation.



**Figure 3.** Spinal magnetic resonance image.