

## HEALTH-RELATED QUALITY OF LIFE IN CHILDREN WITH ACUTE HEMATOGENOUS OSTEOMYELITIS

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Acute hematogenous osteomyelitis (AHO) is the most common type of osteomyelitis, an infection of bone that occurs in children. Infection initially is established in the metaphyseal region of tubular bones, beginning as a metaphysitis following seeding by bacteria. Destruction of bone structure can be the cause of a permanent disability. Some cases can turn into chronic degenerative conditions, long duration, as common in children, may affect the nutrition and growth and development of children. There are not many studies on long-term results of AHO treatment as well as quality of life of these patients. Quality of life means a variety of things: health status, physical functioning, psychosocial adjustment, wellbeing, life satisfaction and happiness. The term health related quality of life (HRQL) as a 'health status' assesses the effect of a person's health on the ability to perform and enjoy the activities of daily life. It includes one's own perception of his functioning in three domains: physical functioning, psychological functioning, social functioning and sometimes also cognitive functioning. Basically the HRQOL is a broad multidimensional concept that usually includes self-reported measures of physical and mental health.

The aim of this study was to compare the self-reported HRQL of AHO convalescents with the HRQL of a large community sample, to examine the consistency of changes in different HRQL domains. To compare the HRQL between children aged 10-17 years. Study participants were categorized by age, sex and abiding-place. The HRQOL of the children was assessed with the disease-specific instruments (specific questionnaire for surgical infection of bones and joints) which are based on general assessment tools (SF-36). Analysis was performed with SPSS 16.0.2.

Pediatric out-patients with AHO self-reported progressively more impaired overall HRQOL than healthy children, respectively, with medium to large effect sizes. Boys in middle puberty age (14-15 years) with AHO self-reported the most impaired HRQOL, while younger convalescents both sex self-reported the best HRQOL.