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***Staphylococcus aureus* Reactivation Osteomyelitis after 75 Years**

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TO THE EDITOR: In 1934, a 10-year-old girl was hospitalized at the Children's Hospital of Boston for 1 1/2 years for *Staphylococcus aureus* osteomyelitis of the left femur. This was the preantibiotic era, so she did not receive any antibiotic therapy at that time but, instead, underwent multiple orthopedic procedures including "scalping" (i.e., removal of infected bone). She recovered fully, never underwent any drainage procedures, and did well until she reached 85 years of age, when she felt pain in her left midfemur while rising from a chair. The following day she noted a purulent drainage from her left thigh and presented to our institution.

Radiographic findings identified a pathologic fracture of the left midfemur, scalloping changes, and medullary changes consistent with osteomyelitis. After successful open reduction and internal fixation of the fracture, she recovered without sequelae. During surgery, an old sinus tract that had never drained was found. All cultures of samples from the bone and tract grew only *S. aureus*; there was no evidence of a malignant condition. As expected, the *S. aureus* strain was sensitive to all antibiotics tested, including penicillin and oxacillin.

Sequence type 30 (ST30) *S. aureus* femoral osteomyelitis became reactivated in our patient after 75 years. *S. aureus* reactivation osteomyelitis occurring many decades after the initial infection has been reported previously.^{1,2} We performed Multi Locus Sequence Typing of the recovered *S. aureus* strain in standard fashion,³ and seven *S. aureus* housekeeping genes (*arcC*, *aroE*, *glpF*, *gmk*, *pta*, *tpi*, and *yqiL*) were fully sequenced with the use of the Applied Biosystems 3730xl DNA Analyzer. The allelic profile of this *S. aureus* strain placed it among ST30 *S. aureus* isolates.³

In the 1950s and 1960s, a penicillin-resistant but methicillin-susceptible ST30 *S. aureus* clone spread throughout the world.⁴ More recently, community-acquired and hospital-acquired methicillin-susceptible and methicillin-resistant strains of ST30 *S. aureus* have been reported to be the prevalent clones in Australia and Oceania.⁵ Our report suggests that an ST30 *S. aureus* clone sensitive to all antibiotics was circulating in the eastern United States in 1934.

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