



**Rectus Femoris Muscle Fibrosis in Children: Successful Treatment with Surgical Release and Rehabilitation Following Combined Medication Administration**

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## Introduction

Children between the ages of 2 and 5 years often present with a complaint of a limping gait, which concerns their parents. Upon examination, fibrosis in the rectus femoris muscle is observed in varying degrees. Further investigation revealed that a pediatric doctor in their village had been mixing ampicillin with diclofenac in the same syringe, raising concerns about potential adverse effects. This article aims to discuss the management of rectus femoris muscle fibrosis in these children, outlining the use of surgical release and post-operative rehabilitation through physiotherapy.

## Methods

A retrospective study was conducted on a group of children aged between 2 and 5 years who presented with a limping gait and were diagnosed with fibrosis in the rectus femoris muscle. The initial examination included a detailed medical history, physical examination, and diagnostic imaging to confirm the diagnosis. Following diagnosis, the treatment approach involved surgical release of the long head of the rectus femoris muscle, performed at a distance of 1cm from its origin. Subsequently, the patients underwent a structured program of post-operative rehabilitation involving physiotherapy.

## Results

A total of 4 children were included in the study. The surgical release of the long head of the rectus femoris muscle proved to be effective in alleviating the symptoms and improving the gait pattern in all patients. Post-operative rehabilitation through physiotherapy played a crucial role in maximizing functional outcomes. The follow-up evaluations showed excellent results in terms of pain relief, improved range of motion, and restoration of normal gait patterns.

## Discussion

Rectus femoris muscle fibrosis in children can lead to significant functional impairments and discomfort. The observed link between the administration of a combined ampicillin and diclofenac injection by a pediatric doctor in their village raises concerns about the potential cause of the fibrosis. While the precise mechanism by which the combined medication administration may have contributed to the development of fibrosis is unclear, it is important to note that both ampicillin and diclofenac have been associated with rare cases of muscular adverse effects, including myopathy and fibrosis.

Further research is needed to explore the potential connection between the combined medication administration and rectus femoris muscle fibrosis in this specific age group.

The treatment approach of surgical release of the long head of the rectus femoris muscle and subsequent physiotherapy has shown excellent results in mitigating the symptoms and restoring functionality. Physiotherapy plays a critical role in restoring muscle strength, flexibility, and coordination, which aids in the overall rehabilitation process. However, it is essential to ensure appropriate and safe medication practices to avoid any potential adverse effects in pediatric patients.

### **Conclusion**

In conclusion, rectus femoris muscle fibrosis in children aged 2 to 5 years can be effectively managed through a combination of surgical release and post-operative rehabilitation. The administration of a combined ampicillin and diclofenac injection by a pediatric doctor in their village raises concerns about potential adverse effects, highlighting the need for safe medication practices. The treatment approach outlined in this study, involving the release of the long head of the rectus femoris muscle and subsequent physiotherapy, has shown excellent results in terms of pain reduction, improved range of motion, and restoration of normal gait patterns. Further research is necessary to investigate the potential link between the combined medication administration and rectus femoris muscle fibrosis in this specific age group and explore alternative treatment options.