

# Chronic Polyarticular Septic Arthritis in an Immunocompetent Adult A Rare Case Report

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## INTRODUCTION:

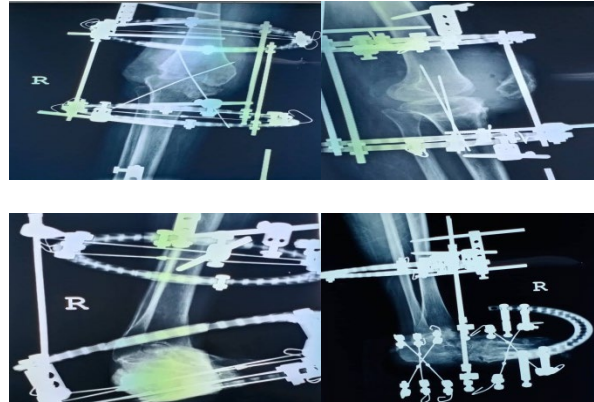
Septic arthritis is a clinical emergency, with significant morbidity and mortality especially when delayed diagnosis. It occurs commonly as monoarticular septic arthritis (MASA), with the most commonly involved joints being the knee and hip, while polyarticular septic arthritis (PASA) involved about 15% of cases with mortality rate about 50%. In this paper, we report a rare case of chronic PASA complicated with multi-resistant organisms (MRO).

## CASE PRESENTATION:

A 41-year-old lady with a medical history of end-stage renal disease and poorly controlled DM with previous history right knee septic arthritis presented with similar presentation of right knee and ankle pain. Physical examination revealed a swollen right knee with fixed flexion deformity of 10 degree with a sinus tract and pus discharge over the medial aspect with limited range of motion over ankle joint. As soon diagnosed as right knee and ankle septic arthritis, patient was started on empirical intravenous antibiotic therapy and underwent multiple arthrotomy washouts. Intraoperatively, the knee had thickened synovium with multiple pockets of necrotic tissue, turbid looking synovial fluid, cheesy material and articular surfaces both joint were destroyed. Specimen of tissue, pus and synovial fluid were sent for culture; sensitivities, acid fast bacilli which showed positive to MRO *Pseudomonas Aeruginosa*. Arthrodesis was performed using an Illizarov frame for knee and ankle joint in view of recurrence septic arthritis. After fusion, patient able to full weight bearing without pain.



**Fig.1:** revealed erosive bone and narrowing of the joint space.



**Fig. 2:** Arthrodesis of the knee and ankle joint with illizarov frame.

## DISCUSSION:

PASA is a puzzling clinical condition with a frequently delayed diagnosis. The possibility of polyarticular septic arthritis should be carefully considered in all cases of painful, swollen polyarthritis, even if patients are afebrile or have a normal white cell count. Risk factors predisposing to this condition include arthritic disorders, chronic systemic diseases, malignancies, drug-induced immunosuppression, and intravenous drug abuse. Prompt diagnosis and intervention are required to prevent important functional complications of postinfectious joint destruction or, more seriously, septicemia, multiorgan failure, and even death.

## CONCLUSION:

Whenever PASA is suspected, clinicians should have a low threshold to aspirate the affected joint to establish an immediate diagnosis followed by early surgical drainage and intravenous antibiotic administration to avoid morbidity and mortality.

## REFERENCES:

1. Annelise Miller, Fahad Abduljabbar, Peter Jarzeml, Polyarticular Septic Arthritis in an Immunocompetent Adult: A Case Report and Review of the Literature, Case Reports in Orthopedics / 2015 / Article.