

Acute Native Joint Septic Arthritis an Update

Acute infection of single or multiple joint spaces is an emergency awaiting immediate intervention. Etiologic agents include bacterial, viral, fungal, and parasites. Septic arthritis occurs due to bacteremia, adjoining infectious foci, or traumatic inoculation. The incidence is increasing due to the opioid epidemic since 2010. Monoarticular involvement is frequent. The knee is the most common joint affected. Gram-positive agents account for the majority of the infections. Viral causes are sporadic, seen in outbreaks or endemic areas, causing symmetric polyarticular arthritis. It is prudent to identify certain demographic risk factors with an increased risk of infection. Acute Noninfectious inflammatory conditions such as gout, rheumatoid, or lupus arthritis should be in the differential. Labs such as complete blood count, inflammatory markers, and synovial fluid analysis with culture help identify the organism. It is essential to image the joint to determine the extent of infection and confirm the diagnosis. An arthrocentesis is a must before antibiotic administration to increase synovial fluid culture yield. An empirical regimen covers both gram-positive and gram-negative bacilli with the addition of antifungal agents in select high-risk patients. An extensive infection will need surgical intervention for a cure. Antimicrobials are de-escalated based on the synovial fluid culture results. The ideal duration of antibiotics is around four weeks and can be transitioned from intravenous to oral agents once the patient is clinically stable.

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