

TOTAL KNEE ARTHROPLASTY IN GOUTY ARTHRITIS KNEE: A CASE REPORT

Mohd Subhan Safie¹, Rajaei Ahmad Mohd Zain¹, Shaifuzain Ab Rahman¹, Amran Ahmed Shokri¹

¹Hospital Universiti Sains Malaysia

Introduction: Gout is a common inflammatory condition that occur among Malaysian's population. It resulting from deposition of monosodium urate crystal in the soft tissue and joint. Gouty arthritis of the knee will lead to secondary osteoarthritis (OA) in the long term complication. We report a case of post total knee arthroplasty in patient of bilateral knee secondary OA due to gouty arthritis that mimicking the clinical features of prosthetic joint infection (PJI).

Discussion: A 65 years old gentleman with chronic gouty arthritis underwent a right primary total knee arthroplasty (TKA) on October 2019. He had underlying gouty arthritis and hypertension. Intraoperatively, showing tophaceous material within the joint, capsule, both collateral ligament and patella and quadriceps tendon. All tophaceous tissue were removed and we was able to get balanced knee and applied the unconstrained TKA implant. The surgery was uneventful and the patient was able to ambulate using walking frame prior to discharge. However, after one month post TKA, the patient presented to us with fever, knee joint tenderness and swelling as well as whitish material discharge through the incision wound. He underwent emergency knee arthrotomy washout and polyethylene exchange. The joint was washed with copious normal saline and sodium bicarbonate solution. There was massive tophaceous material infiltrate soft tissue surrounding the knee patella tendon, joint capsule, collateral ligaments and quadriceps tendon. However, there was no slough or pus and the implants were well fixed. The intraoperative tissue culture was no growth. The surgical wound was well healed after 2 weeks. He was referred to Rheumatologist for optimization of chronic gout and physiotherapy for rehabilitation.

Conclusion: Effective management of gouty arthritis patient is crucial for prevention against further complication post TKA and for improvement of patient quality of life. The presentation post TKA may mimic the clinical presentation of PJI.