

ARTHROCENTESIS IN ACUTE EXACERBATION OF KNEE OSTEOARTHRITIS-BENEFICIAL OR BARMY?

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Introduction: Septic arthritis may develop as a result of hematogenous seeding, extension from a contiguous focus of infection, direct inoculation during joint surgery or penetrating trauma to the joint. Rarely, it is caused by joint aspiration. We describe a case of chronic left knee septic arthritis that occurred after multiple arthrocentesis following episodes of osteoarthritis exacerbation.

Discussion: A 58-year-old lady with underlying diabetes mellitus presented with left knee pain for three months. It was associated with swelling and inability to weight bear. She had been having chronic intermittent left knee pain and effusion for the past three years. She had multiple visits to see general practitioner and for more than ten times, she had arthrocentesis done on her left knee. Her last left knee arthrocentesis was five months prior to the current presentation. Apart from that, she also had fever, loss of appetite and vomiting for three days duration. On general examination, she was septic looking. She kept left knee in 70° flexion and posterior sagging observed. There was mild effusion and the knee was warm to touch. She refused to move left knee due to pain. Plain radiograph of left knee revealed destruction of the joint with erosion of medial condyle of both femur and tibia. Infective parameters suggestive of chronic infection. Tuberculosis studies showed unremarkable findings. She underwent emergent arthrotomy washout of left knee. Intraoperatively, 20cc hemopurulent pus discharge was drained. Synovium appeared inflamed. The synovial fluid and tissue culture result grew *Staphylococcus aureus* and she completed six weeks course of cloxacillin.

Conclusion: Diagnostic arthrocentesis should be considered when there is dilemma in getting the diagnosis. However, clinical correlation is important. Therapeutic arthrocentesis should only be done in selected cases and precaution and sterility should be taken into great care as not to cause iatrogenic septic arthritis.