

TRIPLE THREAT SEPTIC ARTHRITIS IN CHILDREN: AN ORTHOPAEDIC EMERGENCY

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Introduction: Diagnosing an irritable child in acute setting remains a challenge for clinicians. A high index of suspicion is needed to diagnose septic arthritis (SA) in children as sequelae of SA has great impact on their development. The most common lower limb joint is the hip followed by knee and ankle. In Hospital Selayang over a period of a month, three children were diagnosed and treated for hip, knee and ankle septic arthritis respectively.

Discussion: Patient A, a 19 months old boy presented with fever (>38c) and unable to bear weight over right lower limb for 4 days. Patient B, a 16 months girl who had history of fall and injured her left knee, swelling worsened over 2 weeks over left knee, and noticed pus discharge from left knee and associated fever (>38c). Patient C, a two months old boy who had pain, swelling over right ankle and fever (> 38c). All three patients had leucocytocytosis and raised C-reactive protein (CRP). Ultrasound (US) of Patient A, B and C showed joint effusion in right hip, left knee and right ankle respectively. All patients underwent arthrotomy washout of respective joints and samples taken intraoperatively grew *Staphylococcus aureus* sensitive to Oxacillin. Post operatively all patients responded well to intravenous antibiotics given for 2 weeks. CRP monitoring showed a steady decline. Patient A (Image) Patient B (Image) Patient C (Image)

Conclusion: Clinical acumen supplemented by diagnostic imaging, aids in prompt diagnosis and early treatment of SA which can prevent complications such as osteomyelitis, sepsis and growth plate damage. Arthrotomy washout is the gold standard for treatment of septic arthritis. *Staphylococcus aureus* remains the most common causative agent as is the case in 3 cases discussed here therefore empirical treatment pending intraoperative culture results may be started.