

SEPTIC ARTHRITIS IN CATHETER RELATED BLOOD STREAM INFECTIONS(CRBSI) IN PATIENTS WITH END STAGE RENAL DISEASE

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Introduction: Various microorganisms might invade joint space causing septic arthritis. End stage renal disease (ESRD) patient are at risk of developing catheter related blood stream infection (CRBSI) as their needs of venous catheter for hemodialysis. It happens during bacteremia because of lack of limiting basement plate in synovial tissues.

Discussion: A 42-years-old lady with ESRD and indwelling catheter, presented to us in sepsis with left hip pain. Clinical examination showed limited motion. Blood culture taken grew Staphylococcus aureus and she was treated as CRBSI. Ultrasound and CT scan bilateral hip revealed joint effusion with echogenic debris. Aspiration were done, and pus were aspirated from the left hip only. She underwent arthrotomy washout of left hip and was given with IV Cefazolin. A 65-years-old lady with similar situation presented to us with acute left shoulder pain and fever. Ultrasound showed shoulder effusion with internal debris. She underwent left shoulder arthrotomy washout where seropurulent fluid drained. Cultures taken intraoperatively however unable to distinguish any pathogen. Her blood culture grew Enterococci faecalis and subsequently treated with Cloxacillin.

Conclusion: Patients with CRBSI have 10-20% risk of having septic arthritis. Joint pain with CRBSI should be managed promptly, and a high index of suspicion for septic joint is necessary. Calm clinical appearance of the affected joint with a normal range of infective markers might defect our diagnosis. A simple, non-invasive ultrasound or CT scan will significantly aid in diagnosing septic arthritis in immunocompromised patients.