SHOULDER SEPTIC ARTHRITIS - A CASE REPORT

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Introduction: Septic arthritis of the shoulder is uncommon in adults. It is a surgical emergency as joint destruction occurs rapidly which lead to morbidity and mortality.

Discussion: 65 years old female, presented with a history of left shoulder dislocation twice. Initially percutaneous k-wire of the left shoulder done complicated with pinsite infection. However no osteomyelitic changes seen. Upon follow up in 4 months, patient complaint of left shoulder pain with limited range of motion and persistent swelling. Otherwise, no other symptoms. Physical examination left shoulder revealed generalized swelling, tenderness, warmth, no fluctuant area, and well healed previous scar. Global range of motion left shoulder limited. Neurovascular left upper limb intact. No axillary lymph node palpable. Admission laboratory finding showed total white cell of 4.2, C-reactive protein of 23.2 and erythrocyte sedimentation rate of 97. Tumor marker was also negative. Plain radiograph showed destruction of the left head and proximal humerus with lytic lesion and periosteal reaction seen. MRI left shoulder done noted large Hill Sachs and bony bankart left shoulder with complete anterior dislocation of humeral head and multi loculated fluid surrounding muscles and tendons. Arthrotomy washout and bone curettage of left shoulder was performed. Gram stains and cultures for bone, body fluid, tissue and swab showed no organism seen. Blood and mycology fungal culture and sensitivity also have no growth seen. Mycobacterium AFB of body fluid is also negative. Mantoux test negative. Prolong antibiotic were commenced up to 6 week and follow up at 1 month with further plans of definitive management and treatment will be discussed.

Conclusion: Septic arthritis of the shoulder may not present with classical clinical features. Hence, a thorough clinical and radiological evaluation will help us prognosticate and treat accordingly thereby preventing complications.