

A Case of Aspergillus Hip Joint Infection

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INTRODUCTION:

Septic arthritis due to *Aspergillus* spp. are rare, but severe disease. Among the *Aspergillus* spp. responsible for septic arthritis are *Aspergillus fumigatus* (63.3%), *A.flavus* (16.6%) and *A.terreus* (10%)². The most common sites of infection are the knee followed by shoulder, ankle, wrist, hip and sacroiliac joint. We present a case of *Aspergillus flavus* left hip joint infection.

REPORT:

A 35-year-old lady, underlying Type II diabetes mellitus & bronchial asthma, had under gone percutaneous drainage for massive left psoas abscess 2 months prior presented with left hip pain and inability to weight bear for 1 month. Clinical examination revealed limited motion of left hip with palpable tenderness and no notable skin changes. Infective parameters were mildly raised WCC=13 x10⁹/L, CRP-6mg/dl. Radiograph pelvis revealed loss of left femoral acetabular joint space with destruction of femoral head and acetabulum while contrast enhanced CT Pelvis showed left hip joint effusion and intra-articular air pockets. Proceed with emergency arthrotomy washout and antibiotic cement spacer of left hip. Intraoperatively no pus drained, femoral head culture and sensitivity isolated aspergillus flavus. After discussing with infectious disease physician, patient was started on intravenous voriconazole 300 mg twice daily and after 2 weeks was changed to oral voriconazole 300 mg twice daily, total of 6 months of antifungal is to be completed. Patient was on oral voriconazole and followed up periodically with advice for protected weight bearing on right lower limb. Patient was monitored clinically as well as using blood parameters.

DISCUSSION:

Treatment of fungal joint infection requires prolonged anti-fungal therapy however uncertainty of complete eradication of infection

remains despite normalized infective parameters. Performing second stage surgery with joint replacement remains a dilemma in view of post-operative poor prognosis and failure rates.²



Figure 1: Left Hip radiograph

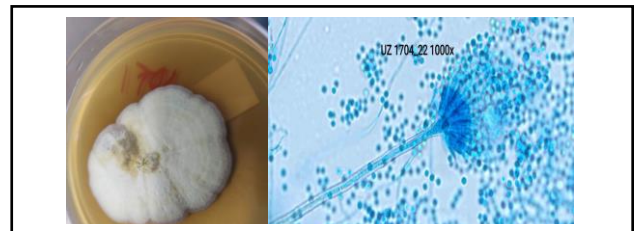


Figure 2: *Aspergillus flavus* Colony and microscopic photo

CONCLUSION:

Fungal joint infections are rare and almost always associated with immunocompromised individuals. Hence, it needs to be excluded as management defers and may lead to severe morbidity if left unaddressed.

REFERENCES:

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