Septic Arthritis of the Shoulder Joint: An Interesting Encounter

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INTRODUCTION:

Septic arthritis affecting the shoulder joint is an uncommon occurrence that may result in joint damage and severe morbidity and mortality. Early detection and prompt, intensive treatment are essential for effective management of the condition.

REPORT:

A 75-year-old woman reported experiencing worsening pain and swelling in her left shoulder, accompanied by restricted range of motion, after sustaining a fall and closed fracture of the proximal left humerus three months prior. Blood tests indicated elevated white blood cell count and C-reactive protein levels, and a bedside ultrasound showed the presence of free fluid in the left shoulder.

A diagnosis of left shoulder infected hematoma was made, and the patient underwent an emergency arthrotomy washout of the left shoulder. During the procedure, 1L of pus was drained from the joint, and the underlying tissue appeared necrotic. Four days later, pus discharge was observed from the wound, prompting a second debridement with a cement spacer. Following the second procedure, the patient's condition improved, with her wound appearing dry and clean, and her inflammatory markers decreasing. However, the patient was later readmitted after 10 days due to wound breakdown, which was found to be caused by the dislocation of the cement spacer from the joint through the wound. A revision of the cement spacer and wound debridement were performed, and the patient's condition improved following the procedure, with her blood parameters improving and the wound appearing clean.

Figure 1: Picture showing wound breakdown with dislocated cement spacer



Figure 2: (a) Plain radiograph of left shoulder at first presentation. (b) Plain radiograph of left shoulder with antibiotic cement inserted spacer



CONCLUSION:

The timely detection of septic arthritis in the shoulder, followed by aggressive antibiotic therapy and surgical intervention, resulted in successful management of the condition.

REFERENCES:

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