Septic Arthritis Of A Sternoclavicular Joint Caused By MRSA

¹**Md Yusoff Z,** ¹Samadi E, ¹Felix LYS
¹Orthopaedics Department, Hospital Ampang, Pandan Mewah, Ampang, Selangor

INTRODUCTION:

Septic arthritis involving the sternoclavicular joint an uncommon condition. We report a case of septic arthritis of the sternoclavicular joint which was treated in our centre.

CASE HISTORY:

A 61 year old lady, with underlying diabetes mellitus presented with a 2 week history of pain over the right sternoclavicular joint region, associated with fever, loss of weight, loss of appetite and fatigue. An ultrasound scan showed a collection in the right sternoclavicular joint which was causing distention of the joint. Blood tests revealed a raised total white cell count with neutrophilia, raised ESR at 107 and CPR at 122.

TREATMENT:

The patient underwent incision and drainage with arthrotomy washout of the right sternoclavicular joint. Intraoperatively, the outline of the clavicular cartilage appeared irregular and there was unhealthy seropurulent discharge from the joint. Tissue and bone cultures returned positive for Methicillin-resistant *Staphylococcus aureus* (MRSA). The patient completed a total of 6 weeks of antibiotics. Her wound was dressed regularly and had healed well when last reviewed in clinic.



Figure 1: Swelling over right sternoclavicular joint with dry skin patch on chest wall



Figure 2: Seropurulent discharge from the right sternoclavicular joint

DISCUSSIONS:

Sternoclavicular joint involvement occurs in only 1% of cases of septic arthritis. This condition rarely occurs in healthy individuals, however it can occur in immunosuppressed patients, diabetics and intravenous drug abusers. The most common organism isolated from tissue specimens are the Staphylococcus species², and often bacteremia, or hematogenous spread was the cause³.

CONCLUSION:

Septic arthritis of the sternoclavicular joint is treated with surgical debridement, and prolonged targeted antibiotic therapy. It is important to consider empirical therapy to cover for MRSA in these cases. Prompt surgical intervention and appropriate antibiotics may reduce the risk of joint destruction.

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