

Septic Arthritis Of A Hip In A Newborn: A Case Report

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INTRODUCTION

Septic arthritis in a newborn is uncommon. Failure to diagnose early and treat promptly can lead to destruction of the joint, sepsis and even death (1-2). Diagnosing septic arthritis in newborns can be difficult and require high index of suspicion. Thus, we present this case report to discuss the the importance of interpreting the clinical presentation and investigation in determining the accurate diagnosis of septic arthritis in this age.

CASE REPORT

A day 6 of life baby boy with uneventful antenatal history, presented with sudden onset of inability to move his right hip without fever. Physical examination was unremarkable except for fixed flexion of the right hip and tenderness upon passive extension of the right hip. Blood test showed raised in white blood cell of 19 and elevated ESR of 109. Plain radiograph and ultrasound of the right hip were normal. The diagnosis of septic arthritis was made. Arthrotomy washout of the joint revealed seropurulent fluid which cultured positive for MRSN. Empirical antibiotic IV cloxacillin was given which subsequently changed to IV vancomycin for total of 6 weeks based on the culture. Follow up after 2 months revealed full range of motion of right hip and no sign of complication.

DISCUSSIONS

It is known that establishing the diagnosis of septic arthritis in neonate is very challenging due to the low rate of incidence and paucity of signs and symptoms (3). Kocher et al introduced four clinical predictors which were highly predictive (99.6%) of septic arthritis (4.)

In neonates or babies whom yet to weight bear, the Kocher's parameter is unavailable to utilized. Clinical suspicion and judgement is essential in making diagnosis. There is no time for a wait and see policy and surgery should be undertaken to prevent complications, eventhough the predictive of septic arthritis by Kocher's was low.

CONCLUSIONS

Clinical assessment remains the most important factor in making the diagnosis of septic arthritis in newborn. Administration a complete course of empiric and targeted antibiotic together with surgical intervention are needed in order to prevent these infants from life impacting sequelae.

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