



Artrite infectioase

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Tipuri

- Bacteriene
- Virale
- Fungice
- Spirochete



Causes of Infectious Arthritis

Organism

Clinical clues

Staphylococcus aureus

Healthy adults, skin breakdown, previously damaged joint (eg, rheumatoid arthritis), prosthetic joint

Streptococcal species

Healthy adults, splenic dysfunction

Neisseria gonorrhoea

Healthy adults (particularly young, sexually active), associated tenosynovitis, vesicular pustules, late complement deficiency, negative synovial fluid culture and gram stain

Aerobic gram negative bacteria

Immune compromised hosts, gastrointestinal infection

Anaerobic gram negative bacteria

Immune compromised hosts, gastrointestinal infection

Mycobacterial species

Immune compromised host, recent travel to or residence in an endemic area

Fungal species (sporotrichosis, cryptococcus, blastomycosis)

Immune compromised hosts

Spirochete (*Borrelia burgdorferi*)

Exposure to ticks, antecedent rash, knee joint involvement

Mycoplasma hominis

Immune compromised hosts with prior gastrointestinal tract manipulation

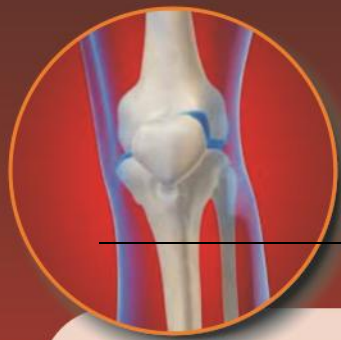


Bacteriene



Factori de risc

- Afectare articulara precedenta (AR, proteza)
- Traumatism
- Diabet zaharat (imunopresia)
- Bacteriemia



Patogenie

- Bacteriile intra usor in articulatie si se “depun” in sinoviala, pe cale :
 - Hematogena (bacteriemie) – 70%
 - Contiguitate (focar de vacinatate)
 - Iatrogen (artrocenteza/scopie) – 20%
 - Acute inflammatory response
- Articulatiile se apara prost !
 - Poliarticulara (A! endocardita)



Clinic

- Monoartrita acuta !
 - +/- Fever
 - +/- Leukocytosis
-
- tablouri atipice frecvente !!!



**MONOARTRITA ACUTA ESTE
SEPTICA PINA LA PROBA
CONTRARIE !!!**





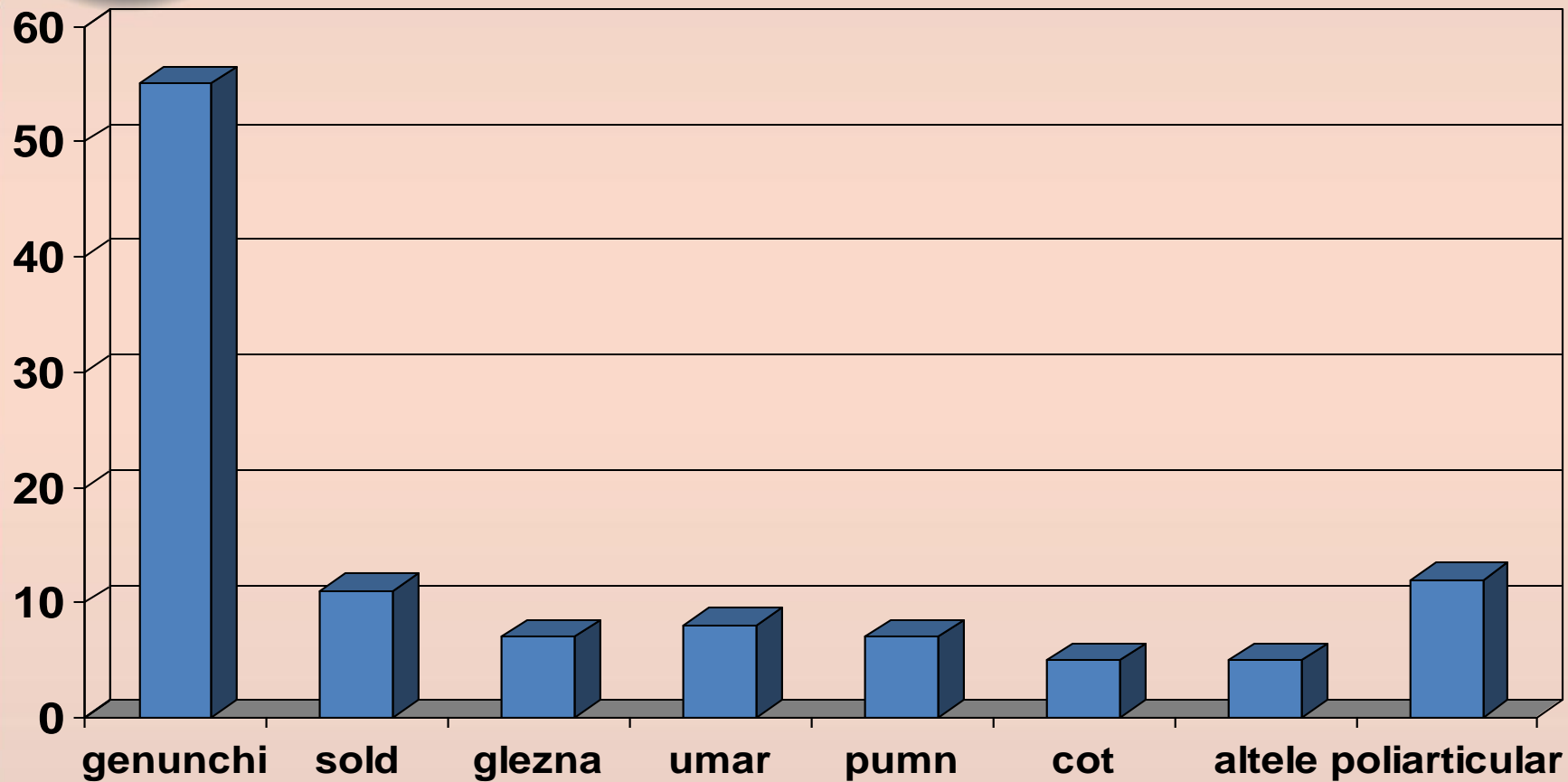
Monoartrita acuta

Diagnostic diferencial

- Infectia
- Artrita microcristalina
- Hemartroza
- Tumora
- Boala reumatologica sistemica



Articulatii afectate





Poliartrita acuta

- Mai frecventa >60 ani
- In medie – 4 articulatii
 - Genunchi, cot, umar, sold
- Foarte frecvent la pac cu AR
- Predomina Stafilococ si Streptococ
- Pronostic rezervat (30% vs 4% deces)



Lichid sinovial – elementul esential de diagnostic

- Celule: $>50,000$ leucocite/mmc
– $>75\%$ PMN
- Glucoza: mult scazuta
- Cultura: pozitiva (rar in gonococica)

De folosit ac gros ! (puroiul poate fi viscos – spalatura)



Examen radiologic

- Minima utilitate diagnostica
- Evalueaza lezarea structurilor articulare
- Evalueaza prezenta osteomielitei



Coxita septica la debut



In evolutie





Tratament

- Aspiratia continutuli articular
– Zilnic sau mai des (“as needed”)
- Antibioterapie
– Ideal – dupa antibiograma
– Empiric :
 - Staf,strept, gonococ
 - nosocomiala , proteza – Gram negativi
- Durata variabila (microorganism si gazda)
- Interventie chirurgicala
– DOAR daca nu raspunde in 48h



Artrita gonococica

- Produsa de *Naiseria gonhoreae*
- Cea mai frecventa cauza de mono-/oligoartrita la gazda imunocompetenta
- Apare la 1-3% din pacientii infectati cu gonococ



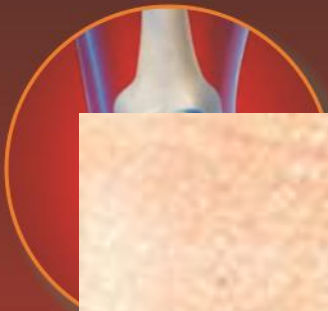
Artrita gonococica

- F/B = 3/1
- La barbati – bi-/homosexuali
- Factori de risc :
 - Imediat postmenstrual
 - Sarcina / imediat postpartum
 - Deficiente ale sistemului complement (C5-C9)
 - Serotipul Ia



Clinic

- Poliartralgie, tenosinovita, rash
 - Pumni, degete, glezna
 - Pustule/vezivule nedureroase
 - Febra, stare generala alterata
 - Culturi lichid sinovial – negative (deci, culturi din orice)
- Artrita purulenta
 - Genunchi, pumn, glezna
 - Culturi sinoviale – pozitive (de obicei)
- Combinatia





Altele

- ITU joasa concomitenta – 1/4 -1/3 cazuri
- De cautat si HIV, Chlamidia, Treponema
- De testat si partenerul



Tratament

- Ceftriaxona 1-2 gm/zi
- Spectinomycină 4 gm/zi la alergici
- Chinolone dacă e sensibil

”CDC guidelines” recomanda minim 7 zile.
Artrita purulentă – mai mult.



Tuberculoza articulara

- Axiala (spondilodiscita)
 - “abces rece”
 - Rgf – imagine fuziforma paravertebrala
 - Poate fuza la piele pe psoas
- Periferica
 - Artrita / artralgie “mild”
 - Lichid putin inflamator (glucoza, ADA, PCR)



Tuberculoza articulara

- Anamneza de contact cu bolnav
- IDR fara valoare la vaccinati (test Quantiferon)
- Biopsia sinoviala – cea mai utila (Z-N lichid – negativa)
- Tratament – tuberculostatic, in echipa



Virale



Parvovirus B19

- La 2 sapt de la infectia transmisa respirator
- Artic mici mina, pumn, genunchi simetric (poate mima boala autoimuna)
- Prevalenta mare de FR, ANA, ANCA, anti ADN
- Anti IgM, PCR
- Vindecare intr-o luna fara sechele / AINS



VHB, VHC

- Infectia acuta VHB:
 - La debut, mai ales la copil
- Infectia cronica VHB:
 - PAN, crio
- Infectia cronica VHC :
 - “AR-like”
 - Crio ++



Spirochete



Boala Lyme

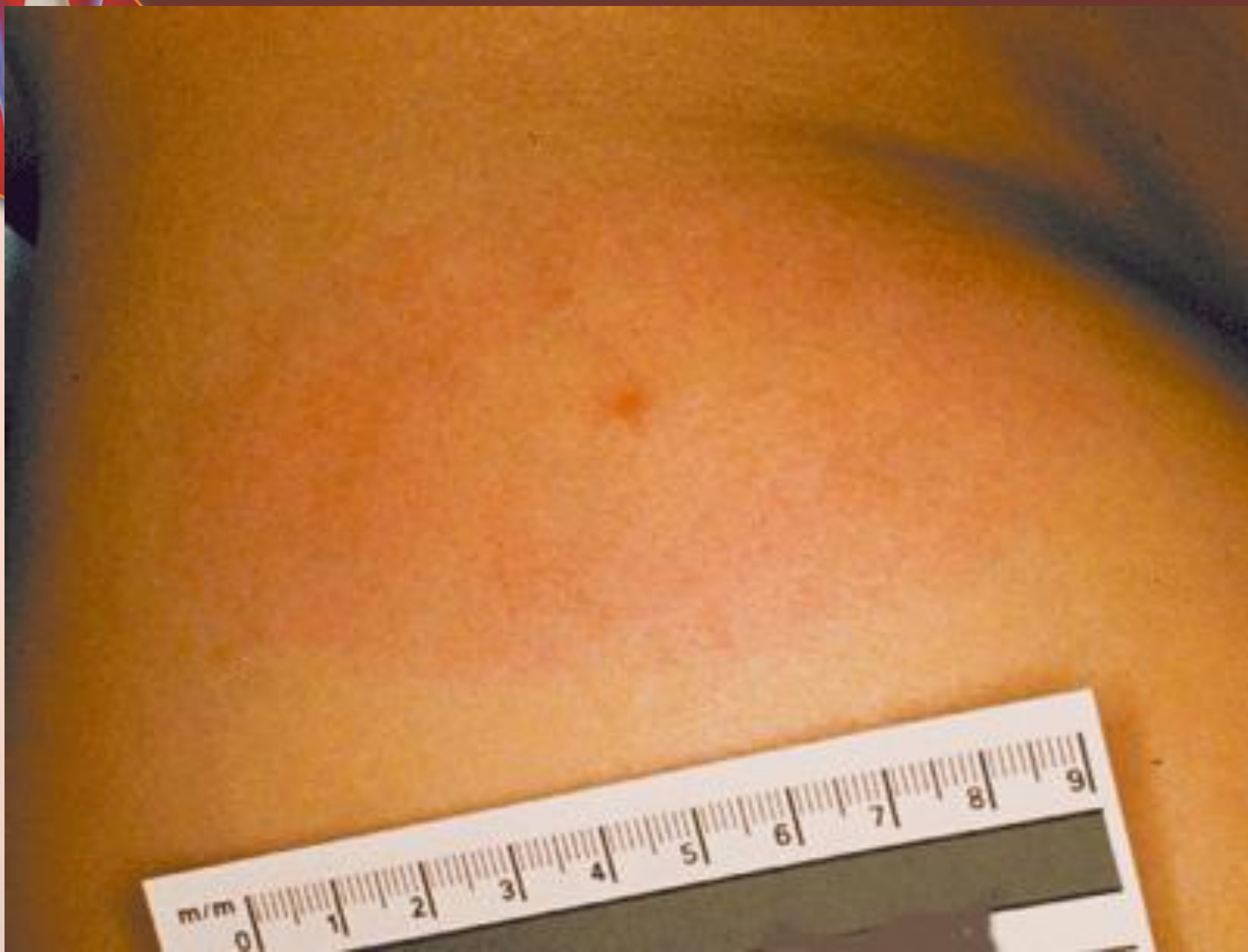
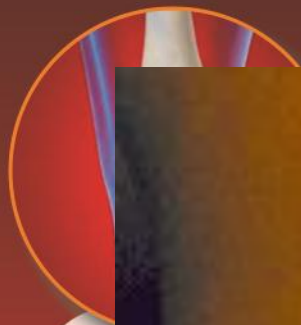
- Produsa de *Borrelia Burgdorferi*
- Transmisa de *Ixodes*
- Incubatie 3-30 zile
- Initial
 - Localizata – “Erythema chronicum migrans”, febra, pseudo-gripala
 - Generalizata – leziuni cutantate, manif neurologice (VII, radiculopatie, meningita), manif cardiace (BAV)
- Tardiv
 - Mono/oligoartrita asimetrica intermitenta migratorie
 - 10% artrita cronica articulatii mari



Boala Lyme

- Diagnostic
 - Leziunile cutante
 - Screening – testare ELISA
 - Confirmare – testare Western Blot
 - IgM Western Blot – multe fals pozitive
 - Util in primele 4 sapt
 - IgG Western Blot – specificitate inalta
 - Util in stadii tardive







Boala Lyme

- **Tratament**
 - Etapa initiala
 - Doxiciclina 200 mg/zi 30 zile
 - Etapa tardiva
 - Antibiotic oral/iv (dupa severitate)
 - Afectare neuro/cardiacă – ceftriaxona 2 g/zi 4 saptamini.
 - Afectarea articulara – antibiotic oral 4 saptamini.



Alte afectari articulare infectioase

- Sifilis primar :
 - Agenezie femurala
- Sifilis tertiar :
 - Mobilitatea articulara prin gome
- Fungi :
 - Context foarte sever
 - Amfotericina B



DECI

- Monoartrita acuta e septica pina la proba contrarie
- Examinati lichidul !
- La imunocompromisi – etiologii neobisnuite !
- Orice colectie se dreneaza !
- Ortopedie daca evolutia e proasta !