

Clinical Case

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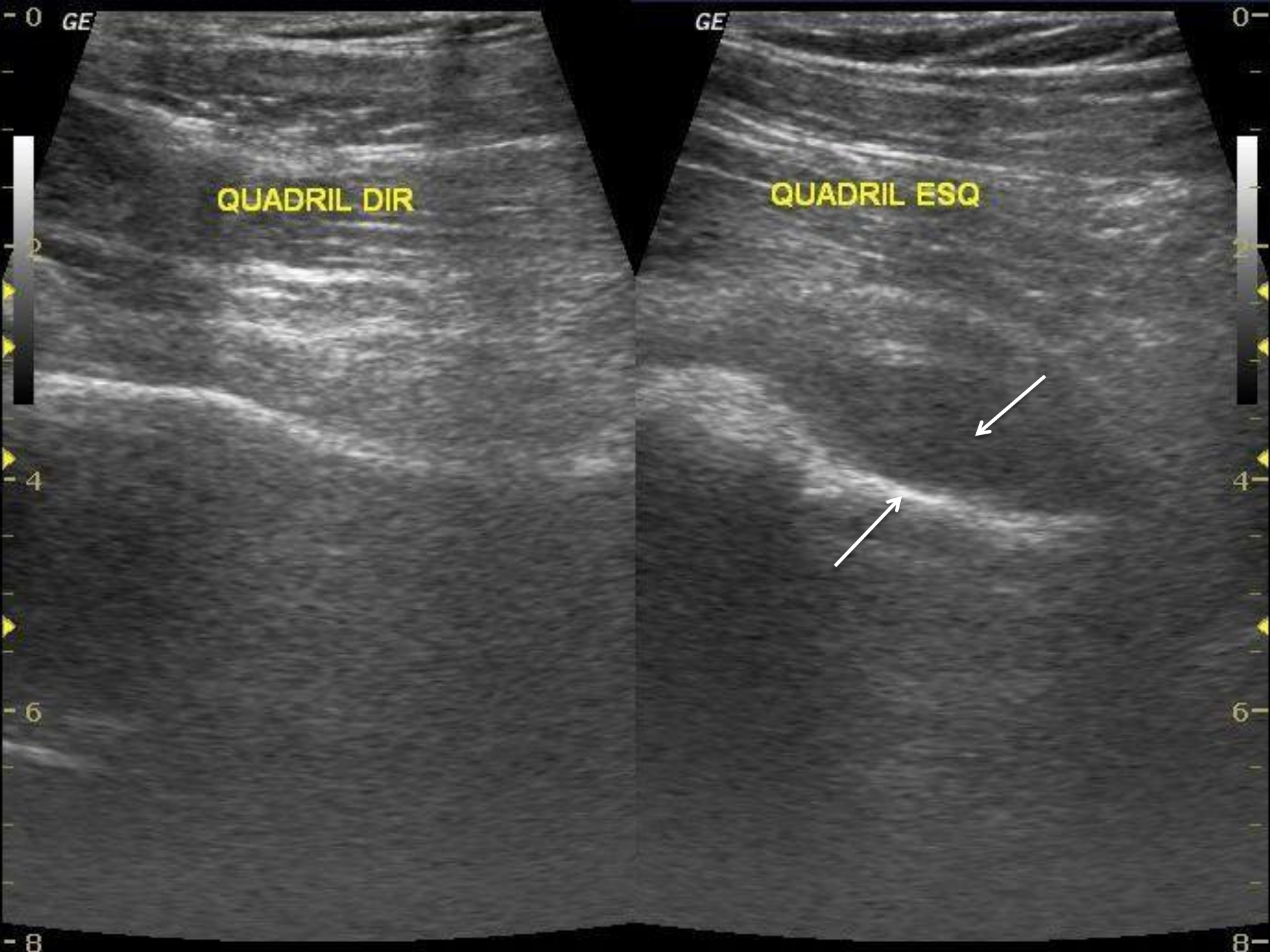


- F.A.B., female, 15yo, Caucasian, natural from Curitiba, Brazil
- **Main Complaint:** Intense pain in the left hip, preceded by a migratory arthralgia affecting right wrist, right shoulder and lumbar spine, for the last 20 days
- One week prior to admission: fever (38.5°C / 3x a day / 3 days)
- No other symptoms or comorbidities

Admission Physical Exam

- Stable vital signs
- Intense pain on internal rotation and flexion of the left hip
- No pharyngitis, lymphadenomegalies, visceromegalies and no neurological findings.

- CBC: 15,000 leukocytes
 - 78% neut // 0% bf // 17% ly
- ESR: 105 mm
- CRP: 139 (RV: < 10 mg dl)
- Oral Streptococcal culture: negative
- Hip radiography: normal



Synovial Fluid Analysis

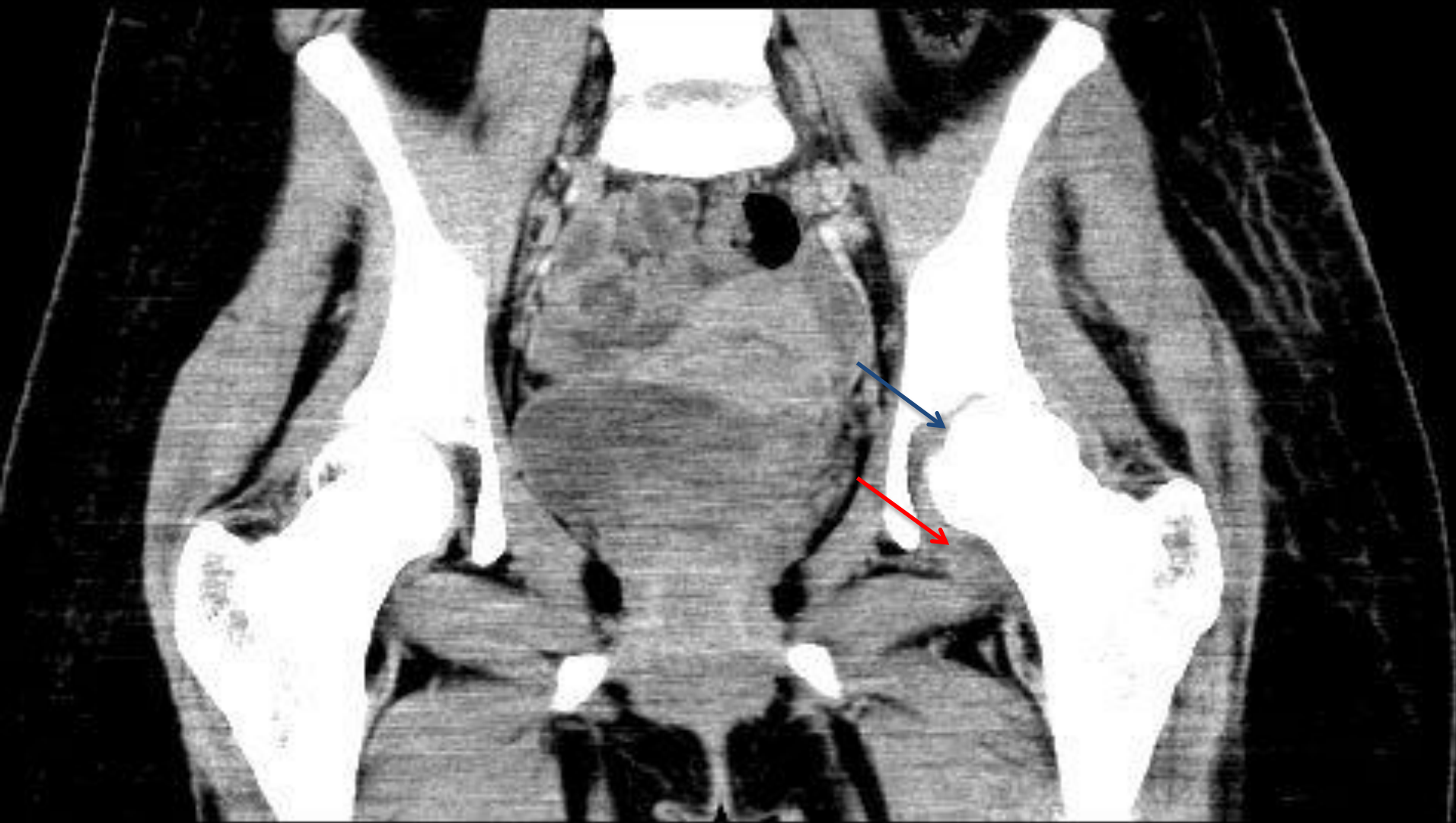
- Macroscopy: hematic and purulent aspect
- Total cell count: $> 50.000/\text{mL}$
 - More than 90% of PMN
- Gram-stain: negative
- Culture: pending at admission

- Initial management: Oxacilin and gentamicin
- After 5 days:
 - No clinical response to the treatment
 - Negative synovial fluid culture

- Reviewing the history
 - Active sexual life
 - Tattoo
- Unusual clinical features of the arthritis
 - Migratory arthritis >>> localized
 - No response to usual treatment
 - Negative fluid culture

Gonococcal Arthritis

- Oral, vaginal and anal swabs: abundant GN diplococci
- Ceftriaxone 4g/day + Single-dose Azithromycin
- After 5 days:
 - Swab culture: ceftriaxone-resistant *Neisseria gonorrhoeae*
 - The patient was still presenting severe hip arthralgia and movement limitation



- Association with ciprofloxacin + surgical drainage
- Within 14 days: progressive improvement of her clinical status
- After 25 days of hospitalization, she was discharged with a mild pain in the hip joint, and capable of walking with crutches



Thank you!

- **Clinical Features**
 - Migratory >>> localized arthritis
 - No fever at the admission
 - Increased inflammatory activity markers
 - Age
 - Active sexual life