



BASIC INFORMATION

DESCRIPTION

Inflammation in a joint resulting from infection. Any joint may become inflamed, but it is more common in larger ones, such as the hip, or those subject to trauma, such as the knee or joints in the hands.

FREQUENT SIGNS AND SYMPTOMS

- Chills and fever (sometimes high).
- Redness, swelling, tenderness and pain (often throbbing) in the affected joint. Pain sometimes spreads to other joints. It worsens with movement.
- Pain in the buttocks, thighs or groin (sometimes).

CAUSES

- Entry into a joint by germs, usually bacteria (streptococci, staphylococci, gonococci, haemophilus or tubercle bacillus) or fungi. Germs gain entry from:
 - Infection elsewhere in the body, as with gonorrhea or tuberculosis.
 - Infection next to the joint, as with skin boils, cellulitis or bone infection.
 - Injury to the joint, including puncture wounds and skin abrasions.

RISK INCREASES WITH

- Adults over 60.
- Illness that has lowered resistance.
- Sexually transmitted infections.
- Diabetes mellitus.
- Rheumatoid arthritis.
- Use of immunosuppressive drugs.
- Joint surgery.
- Injections into joints.
- Excess alcohol consumption.
- Use of mind-altering drugs, especially those that are injected.
- Poor hygiene.
- Prosthetic joint.
- The use of aspirin and other non-steroidal anti-inflammatory drugs for other disorders may suppress signs of joint inflammation, delaying diagnosis.

PREVENTIVE MEASURES

- Protect exposed joints, such as the knee, during activities involving injury risks.
- Obtain prompt medical treatment for infections elsewhere in the body.

EXPECTED OUTCOMES

- Usually curable with early diagnosis and treatment.
- Recovery takes weeks or months. Treatment delay may result in a badly damaged joint and loss of movement, requiring eventual joint replacement.

POSSIBLE COMPLICATIONS

- Misdiagnosis as gout or another non-infectious condition, delaying antibiotic treatment.
- Blood poisoning.
- Permanent joint damage and/or disability.



TREATMENT

GENERAL MEASURES

- Diagnostic tests may include laboratory studies, such as blood counts, blood culture and culture of fluid from the infected joint and X-rays of affected joints.
- Treatment involves antibiotic therapy with close medical monitoring of your progress through frequent cultures of joint fluid.
- Hospitalization for complete rest and intravenous antibiotics.
- Surgery to drain fluid or remove foreign material introduced by an injury.
- Physical therapy after recovery to regain full use of the joint.
- Additional information available from the Arthritis Foundation, 1314 Spring Street N.W., Atlanta, GA 30309. Telephone (800) 283-7800.

MEDICATIONS

- Antibiotics (often intravenous). Don't discontinue antibiotics until told to do so. Infection may return after symptoms disappear.
- Narcotic pain medicine for a short time to relieve pain.

ACTIVITY

- Splints or casts may be necessary to rest the affected joint completely. Movement delays healing.
- Range-of-motion exercises may be started following treatment.
- After cure, physical therapy is often necessary to restore joint function. Resume normal activities gradually as symptoms improve.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You have symptoms of joint infection. Call immediately.
- The following occur during the illness:
 - Temperature of 102° F (38.9° C).
 - Fatigue, headache, muscle aches and sweating.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.