

Septic oligoarthritis of the knee caused by *Acinetobacter baumannii* in a paraplegia patient: a rare case report

Parapleji hastasında *Acinetobacter baumannii*'nin neden olduğu dizde septik oligoartrit:
Nadir bir vaka

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Dear Editor,

A 30-year-old man patient with spinal cord injury was admitted to our clinic for rehabilitation. He had a car accident about 3 months ago. Patient were followed for a month in the neurology clinic and he was referred to our clinic. On neurological examination, the patient had no muscle strength on the lower extremities (paraplegia) and hypoesthesia below the T10 level; the strength and sensory function were normal on the upper extremities. There was no decubitus ulcers. His total blood count and routine biochemical tests were within normal limits. *E. coli* produce in the patient's urine culture. (100,000 colonies) and intravenous ciprofloxacin therapy was started. After a week, he developed signs of oligoarthritis in both knees. Examination showed articulations were swollen and hot, with signs of articular effusion, periarticular pain, and partial limitation of movement. Blood count and biochemical markers did not show any relevant characteristics. Erythrocyte sedimentation rate and C-reactive protein levels were elevated (80 mm/h and 210 mg/dl, respectively). Arthrocentesis of the both knee to collect material for culture and analysis of the synovial

fluid. The bacterial culture of the synovial fluids and Kirby-Bauer antibiotic testing revealed imipenem-resistant *A. baumannii* in the both knees. All the hemocultures were negative. He received a combination of vancomycin and polymyxin B. When the patient was discharged from hospital laboratory tests revealed normal hemogram, blood sedimentation rate and C-reaction protein level. Inflammation of the both knees are almost disappeared by magnetic resonance imaging examination.

Septic arthritis is inflammation of a joint caused by a bacterial infection. The condition is most commonly caused by staphylococcal or streptococcal bacteria. Any joint can be affected by septic arthritis and more than one joint can be affected at a time but the condition is most common in the knees and hips. The following factors can increase your risk of septic arthritis; having an artificial joint implant, such as a knee replacement or hip replacement having a bacterial infection somewhere else in your body, having a long-term condition such as diabetes or rheumatoid arthritis, using injected drugs, taking medication that suppresses your immune system, recently injuring a joint, recently having joint surgery or

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injections into your joints.^[1] This case is unusual for three reasons. First, the patient did not have any predisposing factor to cause septic arthritis. Second, nongonococcal bacterial arthritis usually affects only one joint, most commonly the knee, while polyarticular involvement occurs in only 10% to 15% of cases, usually in patients with rheumatoid arthritis, systemic connective tissue disorder, or overwhelming sepsis.^[2] Third, septic arthritis caused by *A. baumannii* is hardly ever reported; however, the incidence of nosocomial infections has been increasing, consequently, infections caused by *A. baumannii* must be treated immediately to prevent nosocomial cross-infection and bacterial spread. It is a challenging task to treat infections caused by antibiotic-resistant bacteria, and such infections are likely to cause multiple organ failure and death.^[3] As a result, although there is

not any predisposing factor, as in our case, it was emphasized that in the patients with paraplegia, the septic arthritis of atypical character (in symmetric oligoarticular pattern and caused by acinetobacteria) can be seen and the early diagnosis and treatment is important to prevent cross-infection.

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