P 1-143

Septic arthritis of the acromioclavicular joint with chronic hepatitis B. -A CASE REPORT -

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Introduction

Septic arthritis of acomioclavicular (AC) joint is a rare entity. We report a case of septic AC joint in the absence of trauma which was found to be chronic hepatitis B.

CASE REPORT

A 46-year-old female visited our outpatient clinic with a chief complaint of left shoulder pain beginning approximately 24 hours before presentation. The pain was not associated with neck motion and exacerbated by shoulder movement. The patient did not report any radiating pain, paresthesia, numbness, weakness on shoulder and arm. She denied any recent trauma to the shoulder, intravenous drug use. Her past medical history was unremarkable. Vital signs were as follows: blood pressure 121/71mmHg, heart rate 100 beats/min, respiratory rate 20 breaths/min, body temperature 38.4 'C. On physical examination, the left shoulder had no effusion, erythema, or skin rash. Palpation on left AC joint produced sharp pain. The patient was unable to actively range the shoulder more than 30 degrees in flexion, abduction, external rotation due to pain. Internal rotation was relatively spared (70 degrees). Initial laboratory values were as follows: WBC count 9600/uL, neturophil 82.9%, C-reactive protein 16.85mg/L, AST 33IU/L, ALT 24 IU/L, Anti HCV(-), HBsAb (-), and HBsAg (+). X-ray of left shoulder revealed unremarkable finding except small nodular calcification in left supraspinatus tendon. (Figure 1). Mild AC joint arthritic finding was noted without joint space narrowing or widening on ultrasound examination (Figure 2). Arthrocentesis of the AC joint was attempted, however, we were not able to obtain synovial fluid. So, we injected 0.5cc of aseptic normal saline to the AC joint and aspirated the fluid to wash-out AC joint space. Gram staining and synovial fluid culture was performed with washed out joint fluid. Gram stain demonstrated no bacteria. However, synovial fluid culture demonstrated Streptococcus agalactiae. We prescribed amoxicillin 500mg/clavulanate potassium 125mg three times a day for 3 weeks. After 1 week taking antibiotics, she reported her shoulder pain was relieved. After 3 weeks, laboratory findings were completely normalized (Table 1). The patient was referred to department of hepatology. She was diagnosed with chronic hepatitis B and is currently being followed up.

Discussion

Patients with severe shoulder pain should be checked for fever and a blood test should be performed to rule out joint infection. Also, it is important to suspect AC joint lesion as well as glenohumeral joint. AC septic arthritis can easily treated with oral antibiotic therapy. In addition, it is necessary to figure out an underlying disease such as chronic hepatitis in the case of AC septic arthritis.

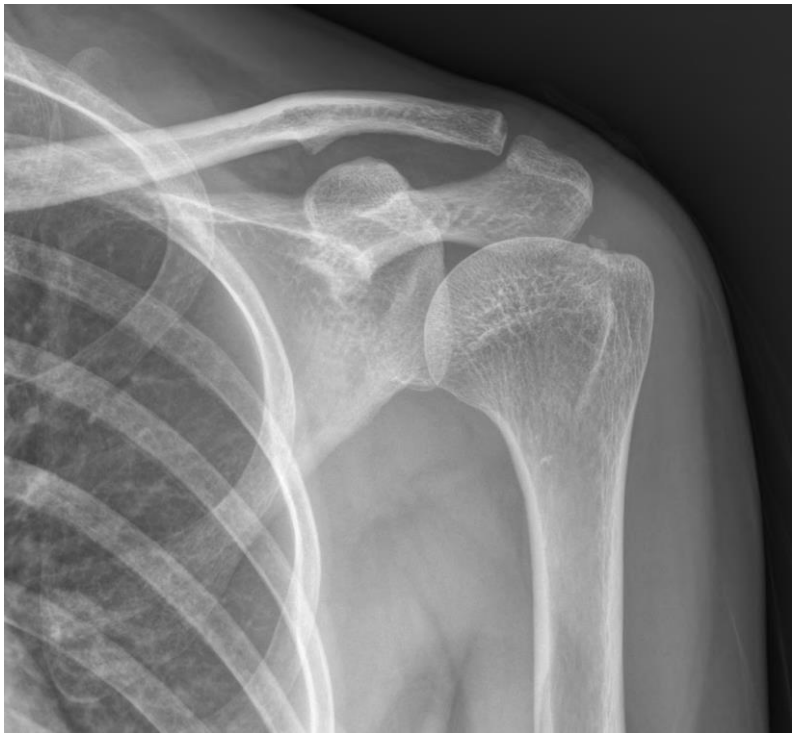

fig 1. Unremarkable finding except small nodular calcification in left supraspinatus tendon

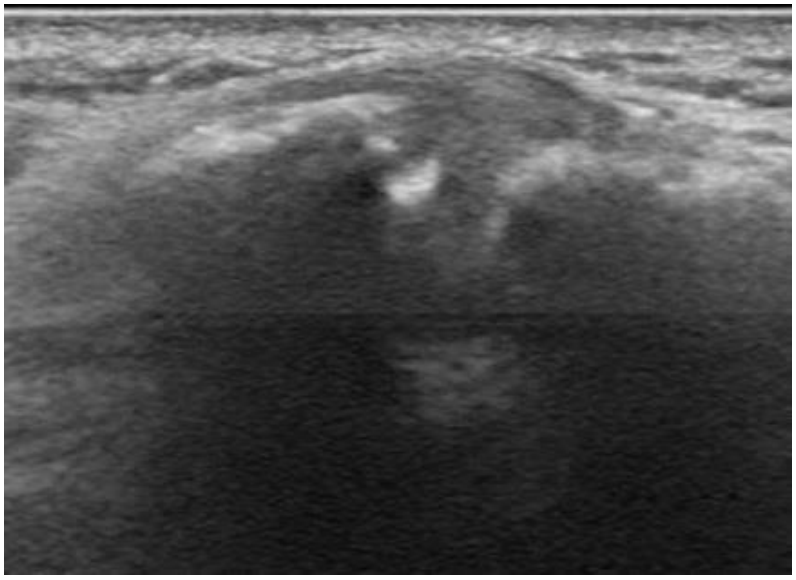

fig 2. Mild AC joint arthritic finding was noted without joint space narrowing or widening on ultrasound examination.