

Clinical features

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Extremes of age Underlying joint abnormality, especially rheumatoid arthritis Immunocompromise (e.g. diabetes mellitus, HIV infection, immunosuppressive therapy) Joint instrumentation (e.g. steroid injection, arthroscopy) Intravenous drug abuse Indwelling central venous catheter Bacteraemia (especially *Staphylococcus aureus*) HIV, human immunodeficiency virus.

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PJIs may present early (within 3 months of surgery), in a delayed manner (3–24 months from surgery) or late (after 2 years). Early infections are acquired at surgery and are usually caused by virulent organisms (e.g. *S. aureus*). They present with a discharging wound, cellulitis, pain, inflammation and swelling. Delayed infections are more characteristically due to low-virulence organisms (e.g. coagulase-negative staphylococci or cutibacteria). André Gächter, contemporary, Swiss orthopaedic surgeon. The late infections are more likely to present with an indolent clinical syndrome of joint discomfort or mechanical dysfunction ('start-up' symptoms are particularly characteristic), with or without a discharging sinus. Late presentations are usually due to haematogenous infection of a previously uninfected joint, from bacteraemia. The source may indicate the microbiology (e.g. pneumococci from respiratory origin, *Salmonella* spp. from the gut, *Escherichia coli* from the urinary tract).

(b) Figure 43.4 (a) Septic arthritis of the hip in a person who injects drugs. This was untreated for several weeks, resulting in destruction of the joint surface. (b) The same hip after 9 months without treatment. The proximal femur and acetabulum have been grossly eroded by infection.

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