

Infection

Infection

Septic arthritis in the foot or ankle is rare except in patients with diabetes and constitutes a surgical emergency; when it occurs it usually follows a surgical procedure but it can also arise as a result of haematogenous spread. Treatment is immediate surgical drainage and administration of appropriate high-dosage antibiotics once cultures are obtained. with methicillin-resistant *S. aureus* (MRSA) becoming more common. Even with prompt treatment chondrolysis often occurs and subsequent degenerative changes develop rapidly . In immunocompromised patients, opportunistic infections can arise and, in those with diabetes, failure to treat with debridement can lead to amputation. It is important to realise that radiographs in the early stages of infection are usually normal and that diagnosis is made on clinical suspicion and with blood tests and more sophisticated imaging such as MRI or bone scanning. Tuberculosis can affect the foot and is associated with major bony damage; it responds surprisingly well to debridement and appropriate antituberculous therapy (Figure 41.11).

Figure 41.11 Tuberculosis of the foot (arrow).

Infection

Septic arthritis in the foot or ankle is rare except in patients with diabetes and constitutes a surgical emergency; when it occurs it usually follows a surgical procedure but it can also arise as a result of haematogenous spread. Treatment is immediate surgical drainage and administration of appropriate high-dosage antibiotics once cultures are obtained. with methicillin-resistant *S. aureus* (MRSA) becoming more common. Even with prompt treatment chondrolysis often occurs and subsequent degenerative changes develop rapidly . In immunocompromised patients, opportunistic infections can arise and, in those with diabetes, failure to treat with debridement can lead to amputation. It is important to realise that radiographs in the early stages of infection are usually normal and that diagnosis is made on clinical suspicion and with blood tests and more sophisticated imaging such as MRI or bone scanning. Tuberculosis can affect the foot and is associated with major bony damage; it responds surprisingly well to debridement and appropriate antituberculous therapy (Figure 41.11).

Figure 41.11 Tuberculosis of the foot (arrow).

Infection

Septic arthritis in the foot or ankle is rare except in patients with diabetes and constitutes a surgical emergency; when it occurs it usually follows a surgical procedure but it can also arise as a result of haematogenous spread. Treatment is immediate surgical drainage and administration of appropriate high-dosage antibiotics once cultures are obtained. with methicillin-resistant *S. aureus* (MRSA) becoming more common. Even with prompt treatment chondrolysis often occurs and

subsequent degenerative changes develop rapidly . In immunocompromised patients, opportunistic infections can arise and, in those with diabetes, failure to treat with debridement can lead to amputation. It is important to realise that radiographs in the early stages of infection are usually normal and that diagnosis is made on clinical suspicion and with blood tests and more sophisticated imaging such as MRI or bone scanning. Tuberculosis can affect the foot and is associated with major bony damage; it responds surprisingly well to debridement and appropriate antituberculous therapy (Figure 41.11).

Figure 41.11 Tuberculosis of the foot (arrow).

Revision #1

Created 2025-12-31 15:16:12 UTC by Omar Ayman

Updated 2025-12-31 15:16:12 UTC by Omar Ayman