CASE REPORT

Arthroscopic Lavage for Septic Arthritis of the Shoulder in an Infant

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ABSTRACT
Septic arthritis of the shoulder in children and infants is an uncommon condition. Although there is little dispute about the importance of early diagnosis and antibiotic treatment, controversy still surrounds the optimal method of adequate drainage. Open arthrotomy and aspiration bear their own merits and drawbacks. Despite the increasing success of arthroscopic lavage in treating septic arthritis in the knee joint, arthroscopic washout to treat paediatric shoulder infections is still not a common practice. This report is of a 3-month-old infant with septic arthritis of the left shoulder for whom arthroscopic lavage was performed. Recovery was prompt and complete after a single episode of surgical intervention. During the 9-month follow-up, the patient showed good results clinically, radiologically, and cosmetically.

Key Words: Arthritis, infectious, Arthroscopy, Infant, Shoulder joint

INTRODUCTION
Septic arthritis of the shoulder in children and infants is an uncommon condition. Although there is little dispute about the importance of early diagnosis and antibiotic treatment, controversy still surrounds the optimal method of adequate drainage. Open arthrotomy and aspiration bear their own merits and drawbacks, and neither approach has been proven to be superior over the other. Despite the increasing success of arthroscopic lavage in treating septic arthritis in the knee joint, arthroscopic washout to treat paediatric shoulder infections is still not a common practice. This report is of a 3-month-old infant with septic arthritis of the left shoulder for whom arthroscopic lavage was performed.

CASE REPORT
A 3-month-old baby girl was admitted to the paediatric department of Tuen Mun Hospital with a 1-day history of fever and reduced movement of the left arm. She was the first child of the family and had been born at full term by normal, spontaneous vaginal delivery in Hong Kong; she had had an uneventful antenatal and perinatal history. In the month before the onset of fever, the patient had symptoms of cough and whitish sputum, which were treated by general practitioners. Oral intake remained good and there were no gastrointestinal symptoms.

At hospital admission, the patient was alert but irritable, and had a temperature of 39.9°C. The blood