

# Septic arthritis of the pubic symphysis

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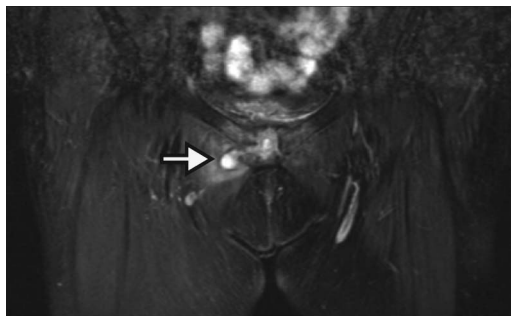
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## DESCRIPTION

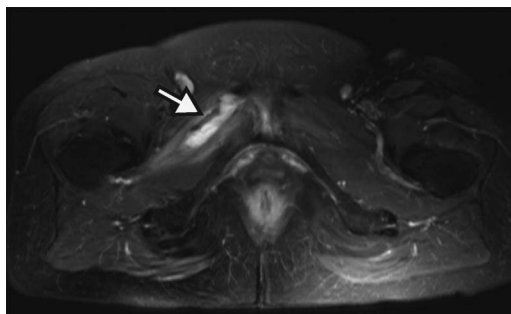
A seamstress aged 57 years presented with fever and pubic pain radiating to the hips. She had recently been treated for *Staphylococcus aureus* bacteraemia of unclear source. MRI revealed gadolinium enhancement of the pubic symphysis (PS). Small fluid collections consistent with infection were present in the PS and right obturator externus muscle (figures 1 and 2), but when aspiration was attempted, its size had reduced and was deemed undrainable. Blood cultures were sterile, and transoesophageal echocardiography was negative for valvular vegetations. The patient completed 8 weeks of intravenous vancomycin for septic arthritis of PS and obturator pyomyositis, with clinical and radiological resolution. She is well after 3 years of follow-up.

Approximately 200 cases of septic arthritis of PS have been reported and were frequently associated

with prior gynaecological/urological surgery or pelvic malignancy.<sup>1 2</sup> Insidious symptoms often delay the diagnosis; therefore, clinicians should consider this entity in patients presenting with pubic, groin or abdominal pain that increases on ambulation, and acute onset of fever.<sup>2</sup> In our patient, repetitive stress of PS from sitting cross-legged while sewing may have caused frequent microtrauma, leading to osteitis pubis and, in the setting of transient bacteraemia, septic arthritis.<sup>3</sup> Despite MRI being the most sensitive imaging test, only aspiration (ie, microorganism isolation) provides the ultimate proof of the presence of infection. *Staphylococcus aureus* is the most frequently isolated organism and the selected empirical antibiotic should have antistaphylococcal activity.<sup>2</sup> Despite long-course intravenous antibiotherapy, >50% of cases require surgical debridement.<sup>2</sup> When adequate treatment is instituted, most individuals recover completely.



**Figure 1** Coronal T2-weighted magnetic resonance image showing signal intensification in the pubic symphysis and right obturator externus muscle with interconnected fluid collections and hypointense peripheral rim.



**Figure 2** Axial T2-weighted magnetic resonance image showing the right obturator externus muscle pyomyositis and oedema of adjacent tissues.

## Learning points

- ▶ Septic arthritis of the pubic symphysis is a rare cause of pubic and hip pain.
- ▶ Long delays between the symptom onset and diagnosis are frequent and therefore awareness is paramount for early case detection.
- ▶ Long-course antibiotherapy is required and, in some cases, may preclude the need for surgical debridement.

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**Competing interests** None declared.

**Patient consent** Obtained.

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