Septic Arthritis and Osteomyelitis of the Hip by Candida albicans

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Predisposing factors such as hemodialysis can lead to septic arthritis by the *Candida albicans* fungus, and early detection and therapy are essential.

A 68-year-old man with renal disease on hemodialysis was admitted for hip pain with limited range of motion and weight loss for 6 months. Medical history included longstanding Crohn disease treated with steroids. A central venous catheter was removed 6 months earlier and no inflammatory changes were present over the arterial-venous fistula on the left arm. C-reactive protein and erythrocyte sedimentation rate demonstrated progressive elevation, while blood cultures were negative. A positron emission tomography-computed tomography (CT) scan showed intense uptake in the right hip (Figure 1). CT demonstrated cortical erosions at metaepiphyseal region of the femur and acetabulum, associated with capsulo-synovial thickening and iliopsoas bursitis, consistent with septic arthritis and osteomyelitis. Results from a CT-guided joint sampling showed growth of fluconazole-sensitive C. albicans and fibroconnective tissue with acute and granulomatous inflammatory changes. As a result of multiple comorbidities and absence of prior antifungal therapy, oral fluconazole therapy was started (400 mg, after dialysis) along with percutaneous catheter-drainage of iliopsoas bursitis. A few months later, the patient died of septic shock from Enterobacter bacteremia and cholangitis.

Septic arthritis by C. albicans is uncommon, predomi-

nantly arising from hematogenous seeding and occurring in healthy patients or with predisposing factors: broad-spectrum antibiotics, steroids, immunosuppressive therapy, malignancy, rheumatoid arthritis, prosthetic joint, intravenous drug abuse, and hemodialysis 1,2,3,4. There are no specific clinical or radiologic findings of the causative organism when dealing with fungal arthritis, thus only an appropriate culture will permit the correct diagnosis 5. Secondary destruction of articular cartilage and progressive bone deformity can occur, therefore early detection and therapy are essential to prevent significant morbidity 4.

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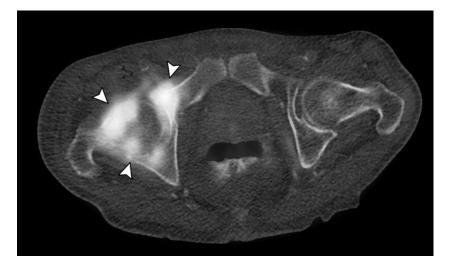


Figure 1. Axial fused PET-CT image of the pelvis shows intense 18-FDG uptake around right hip joint (arrowheads), involving osseous and periarticular soft tissues. PET: positron emission tomography; CT: computed tomography; FDG: fluorodeoxyglucose.

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