SEPTIC BURSITIS

Done by : Wael Abu-Anzeh
- **Bursa**
  - Fluid filled sac.
  - Main function: reduce friction, absorb shock.

- **Site**
  - olecranon bursa // prepatellar bursa.

- **Cause**
  - Trauma (in craftspeople who work at their knees).
  - Secondary to RA or gout (especially olecranon bursa).

- **Organism**
  - *s.aures*.
Sign and symptom ??
-local (Pain, swelling and redness )

Diagnose ??
-confirmed by aspirating the bursal fluid and submitting it for microscopic and bacteriological Examination (sensitivity test )

Treatment??
- Initially by local rest or splintage and intravenous administration of antibiotics // open drainage in case of pus formation .

-. Intractable infection, or recurrent septic bursitis<< bursectomy
Organism ??
- Mycobacterium tuberculosis

Epidemiology ??
- Bones or joints are affected in about 5% of patients ”Pott’s”.
- In endemic area << children and young adult
- In non endemic<< AIDS patient

Site ??
- The **vertebral bodies** and the **large synovial joints**

Pathology??
- Infection reaches the skeleton by haematogenous seeding from the lung or intestine
Vertebral tuberculosis begins in the anterior part of the vertebral body near the intervertebral disc.

After progressive bone destruction, the infection spreads across the disc into an adjacent vertebral body. The two vertebrae may collapse forwards, causing a sharp angulation, or gibbus, in the affected segment – usually in the lower thoracic or lumbar spine.
GIBBUS
In tuberculosis of the spine, pain may be deceptively slight. Consequently the patient may not present until there is a visible abscess or until collapse causes a localized kyphosis (gibbus). Spread along fascial planes may lead to a cold abscess pointing some distance away, e.g. in the loin or along the insertion of the psoas muscle in the groin. Occasionally the presenting feature is weakness or loss of sensibility in the lower limbs. may lead to paralysis (Pott’s paraplegia).
DIAGNOSIS OF TB SPINE

- Diagnosis
- Investigation
- Examination
- History
SYMPTOMS OF TB SPINE

1. Back Pain
2. Stiffness
3. Swelling at back
4. Deformity
5. Paraplegia
SYMPTOMS OF TB SPINE

6 Constitutional symptoms

- Fever
- Evening rise of temp
- Night sweats
- Weight loss and anorexia

+ Previous history of Pulmonary TB or Contact history
On Examination

Paravertebral swelling

Spinal movements restricted
X-RAY SPINE IN TB SPINE

4
COLD ABSCESS
Para vertebral Fusiform abscess
Joint tuberculosis

- a chronic monarthritis affecting a large joint (usually the hip or knee, less often the shoulder or ankle).
- Secondary infection by pyogenic organisms is quite common (due to sinus formation).
- If the condition is not arrested, the articular surfaces will be destroyed.
- Healing is by fibrosis, resulting in a tight ‘fibrous ankylosis’ of the joint.
2.7 Tuberculous arthritis – pathology  The disease may begin as synovitis (a) or osteomyelitis (b). From either it can extend to become a true arthritis (c); not all the cartilage is destroyed, and healing is usually by fibrous ankylosis (d).
Joint TB ??

The patient complains of pain and (in a superficial joint) swelling.

Muscle wasting is characteristic and palpable synovial thickening is often striking.

Movements are limited in all directions. As articular erosion progresses the joint becomes stiff and severely deformed; in late cases there may be a sinus “common secondary pyogenic infection”.

CLINICAL PICTURE
2.8 Tuberculosis – x-ray features

(a) Periarticular osteoporosis, due to synovitis, is obvious in the left knee. This often resolves with treatment but, if cartilage and bone are destroyed (b), healing occurs by fibrosis and movement is markedly restricted.
• Anti-tuberculous chemotherapy: which should always include rifampicin and isoniazid, for 6 months or more.
• Resistance to isoniazid may call for the use of additional drugs (e.g. fluoroquinolone).

• Local measures include rest, traction and
• Splintage should be continued for several months.

• If the disease remains quiescent, arthrodesis – or
• even joint replacement – may be considered.
It resembles rheumatoid arthritis.

- **Features suggesting tuberculosis**
  - **a long history** (history of TB, history of travel to an endemic area, family member affected)
  - involvement of only one joint, marked synovial thickening, marked muscle wasting and periarticular osteoporosis
  - The ESR is usually raised and the Mantoux test is positive.
  - Synovial biopsy for histological examination and bacterial culture is necessary for definitely diagnose.
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