Clinical Image

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Gonococcal arthritis

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A 53-year-old man with history of HIV presented with one day of left wrist and hand pain, swelling, and associated painful movement and tenderness to palpation. This progressed over several hours to include bilateral shoulder pain and right ankle pain that came in waves. Laboratory studies revealed white blood cell count of $22 \times 10^3/\mu\text{L}$, CK of 2,585 U/L and CRP of 158 mg/L. He denied dysuria, but endorsed subjective fever. He also reported unprotected receptive intercourse with an anonymous contact 1 week prior. MRI of the left wrist demonstrated effusion within the radiocarpal, distal radioulnar, and intercarpal joints (**image A**), as well as tenosynovial effusion suggestive of tenosynovitis of the extensor tendons (**image B**). *Chlamydia trachomatis* and *Neisseria gonorrhoeae* urinary testing were negative, but blood cultures grew *Neisseria*

gonorrhoeae. A peripherally inserted central catheter line was placed and the patient was discharged to complete 4 weeks of ceftriaxone.

Gonococcal arthritis can occur secondary to hematogenous spread from bacteremia. Symptoms often include fevers, migratory arthralgias, and tenosynovitis. Clinical presentation, elevated inflammatory markers, leukocytosis, imaging, synovial fluid analysis, and blood cultures aid in the diagnosis. Antimicrobial therapy is the mainstay of treatment.^{2,3} (doi:10.7556/jaoa.2020.144)

References

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