SEPTIC ARTHRITIS DUE TO MYCOPLASMA HOMINIS

A CASE REPORT AND REVIEW OF THE LITERATURE

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A report is presented of a case of infection of the hip by *Mycoplasma hominis*, occurring in the postnatal period. Two further cases reported in the literature are reviewed. Attention is drawn to the sensitivity of the organism to tetracycline.

The micro-organism *Mycoplasma hominis* is a common commensal of the female genital tract; the organism is found in the vagina and cervical canal of 56 per cent of women attending obstetric and gynaecological clinics (McCormack *et al.* 1973). It has been implicated as a pathogen in cases of puerperal sepsis (Russell and Fallon 1970; Solomon *et al.* 1973), particularly after traumatic vaginal delivery and Caesarian section. However, septic arthritis due to *Mycoplasma hominis* is rare: there are only two reports in the literature, both occurring in the postnatal period (Andrews 1974). A further case is reported here.

ampicillin and cloxacillin while awaiting sensitivity reports. The day after operation her pain had subsided a little but she was still pyrexial. Three days after operation a pure growth of *Mycoplasma hominis* was obtained from the culture of the synovial fluid, from the blood culture and from the vaginal discharge. The organism has been verified by the Mycoplasma Reference Laboratory. The antibiotics were changed to oxytetracycline, 500 milligrams six-hourly. Her pain subsided completely over the next few days, and six days after operation she was afebrile and remained so. She was discharged with crutches on the fourteenth day after operation but not permitted to bear weight on the hip. Her antibiotics were stopped six weeks after operation and she was allowed to bear weight. At follow-up examination nine months later she had a full pain-free range of movement in the left hip. Radiographs, however, revealed some narrowing of the joint space.

CASE REPORT

A forty-year-old primigravida gave birth to a healthy female infant after a forceps delivery with episiotomy. Six hours later she complained of being cold and shivery and her temperature rose to 38 degrees Celsius. Her pyrexia continued over the next forty-eight hours and she complained of increasing cramp-like pains in the left groin. An orthopaedic opinion was obtained and on examination the left hip was found to be held in flexion and any movement was exquisitely painful. She was pyrexial (38.5 degrees Celsius) and it was noted that she had a foul-smelling vaginal discharge.

Laboratory findings were as follows: white cell count 14 000; erythrocyte sedimentation rate 40 millimetres in the first hour. Radiographs of the hips were normal. The diagnosis was made of septic arthritis after a bacteraemia secondary to a genital tract infection. She was transferred to an orthopaedic ward and the left hip was explored. Thirty millilitres of foul-smelling, reddish-brown fluid were obtained from the joint and the articular cartilage of the femoral head was found to be covered by a fibrinous deposit. Samples of the synovial fluid were sent for culture and the patient was started on

COMMENT

Septic arthritis due to *Mycoplasma hominis* is rare but Andrews (1974) had two cases occurring in the postnatal period: one affected the knee three weeks after the patient had spontaneously delivered a full-term infant, but she had a retained placenta which required manual removal; the second case occurred in the hip of a seventeen-year-old girl three weeks *post partum*. In common with the case presented here, both of these cases responded well to treatment with tetracycline.

It is suggested that in any case of septic arthritis occurring in the postnatal period, particularly where there is no response to penicillin, *Mycoplasma hominis* infection should be considered. It can be confirmed by isolation of the organism from the synovial fluid and by blood culture.

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