



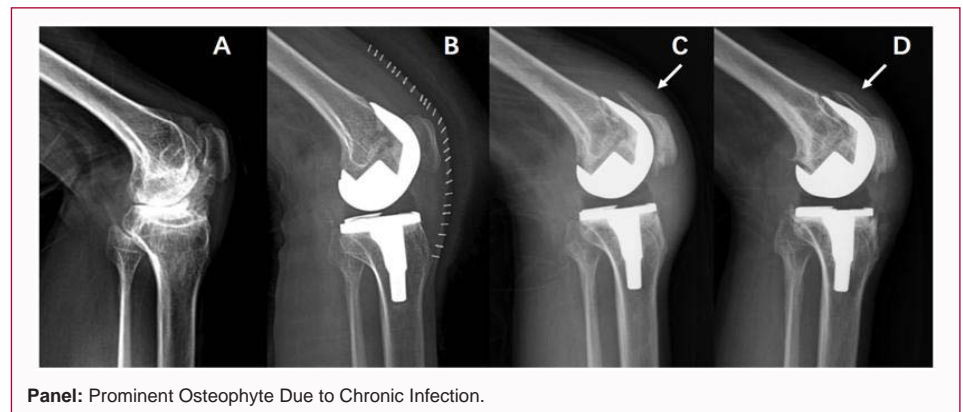
Prominent Osteophyte Due to Chronic Infection

Zeng Li, Bin Feng and Xisheng Weng*

Department of Orthopedics and Musculoskeletal Disorders, Peking Union Medical College Hospital, China

Clinical Image

A 44-year-old man presented with chronic left knee discomfort and sinus tract. About two years before the presentation, he underwent total knee arthroplasty (Smith & Nephew, Genesis-II) for both knees because of hemophilic arthritis with flexion deformity. Panel A shows the preoperative lateral plain radiograph of left knee, and Panel B is the postoperative radiograph. About 9 months after surgery, he came to the clinic without any complain while plain radiograph showed that a prominent osteophyte on left patella (Panel C, arrow). Another 9 months later, he presented to the clinic with chronic left knee discomfort and his plain radiograph showed the osteophyte became larger (Panel D, arrow). Laboratory studies revealed elevated Erythrocyte Sedimentation Rate (ESR) and C- Reactive Protein (CRP). Repeated arthrocentesis and synovial fluid culture confirmed it as *Escherichia coli* infection (extended-spectrum beta-lactamase negative). After the failure of antibiotic therapy indicated by the drug sensibility test, he underwent debridement and revision on one stage.



Panel: Prominent Osteophyte Due to Chronic Infection.

OPEN ACCESS

*Correspondence:

Xisheng Weng, Department of Orthopedics and Musculoskeletal Disorders, Peking Union Medical College Hospital, China,
E-mail: doctorwxs@163.com

Received Date: 13 May 2019

Accepted Date: 24 May 2019

Published Date: 31 May 2019

Citation:

Li Z, Feng B, Weng X. Prominent Osteophyte Due to Chronic Infection. *Ann Orthop Musculoskelet Disord*. 2019; 2(1): 1016.

Copyright © 2019 Xisheng Weng. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.