

When Bacteria Aren't the Culprit: *Candida* Septic Arthritis After Polytrauma

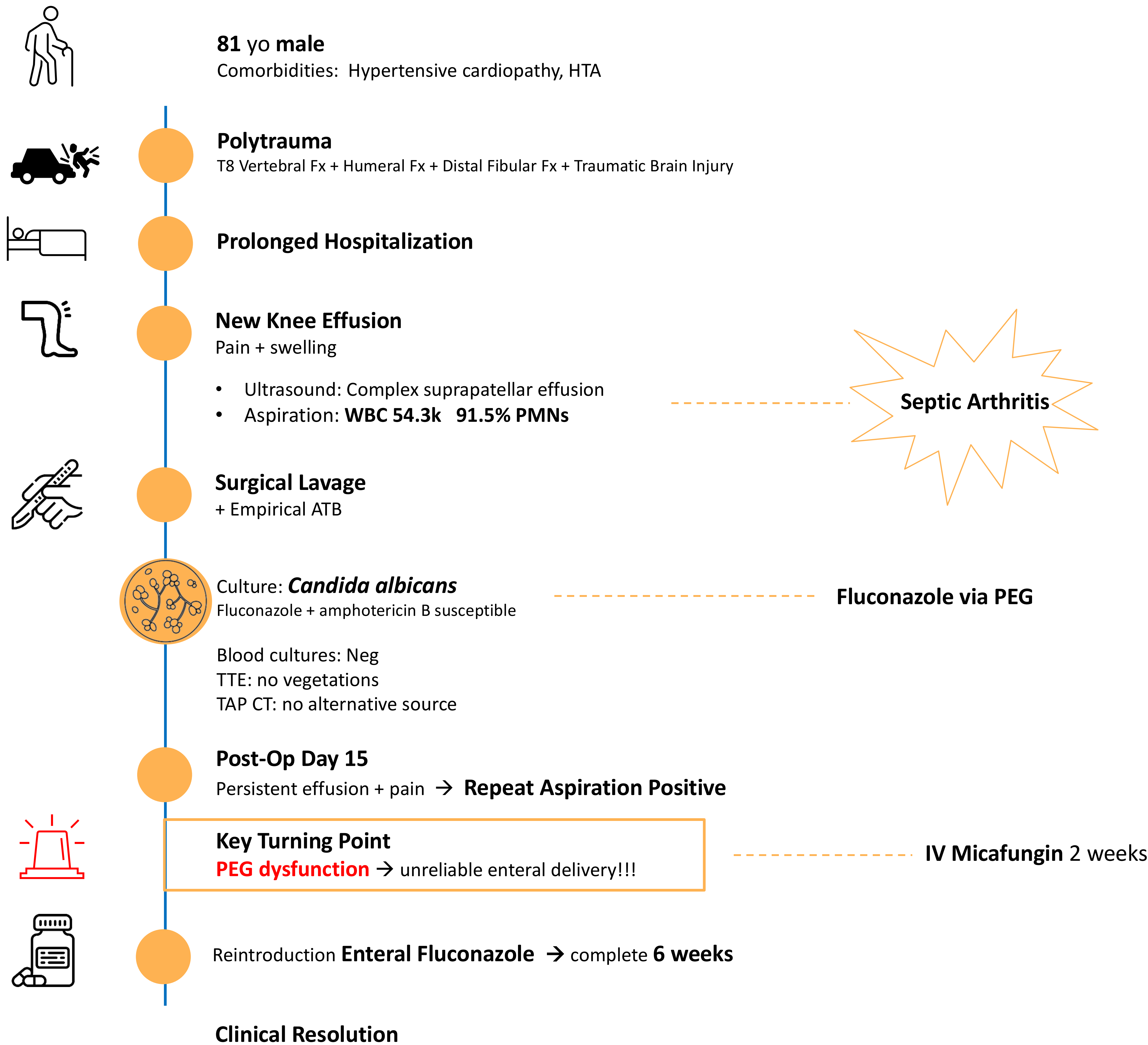
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INTRODUCTION

- Candida* species are the leading cause of **native-joint fungal septic arthritis**, with *C. albicans* the most common pathogen. [1-2]
- Typically arises de novo in patients with **major comorbidities**, **prolonged hospitalization**, broad-spectrum antibiotics, or indwelling devices — the **knee** is most often affected. [1][3]
- Indolent presentation** and frequently negative candidaemia often delay diagnosis. [1][4]
- We report a case of persistent *C. albicans* knee septic arthritis during prolonged hospitalization for polytrauma.

CASE PRESENTATION



CONCLUSION

- Suspect *Candida* septic arthritis in **persistent monoarthritis unresponsive** to antibacterial therapy — even without candidaemia. [1][4]
- Treatment requires **prompt surgical drainage + prolonged antifungal therapy** (fluconazole or echinocandin → fluconazole). [4]
- GI/gastrostomy dysfunction can compromise oral fluconazole exposure in critically ill patients. [4]
- IV echinocandin** (e.g. micafungin) is a reliable bridge **when enteral absorption fails**.

REFERENCES

1. Gamaletsou MN, et al. OFID 2016. 2. Fischer L, et al. IJID 2026. 3. Earwood JS, et al. AFP 2021. 4. Pappas PG, et al. CID 2016.