

Management of a Complex Osteoarticular Infection Caused by Staphylococcus Aureus in an Elderly Patient



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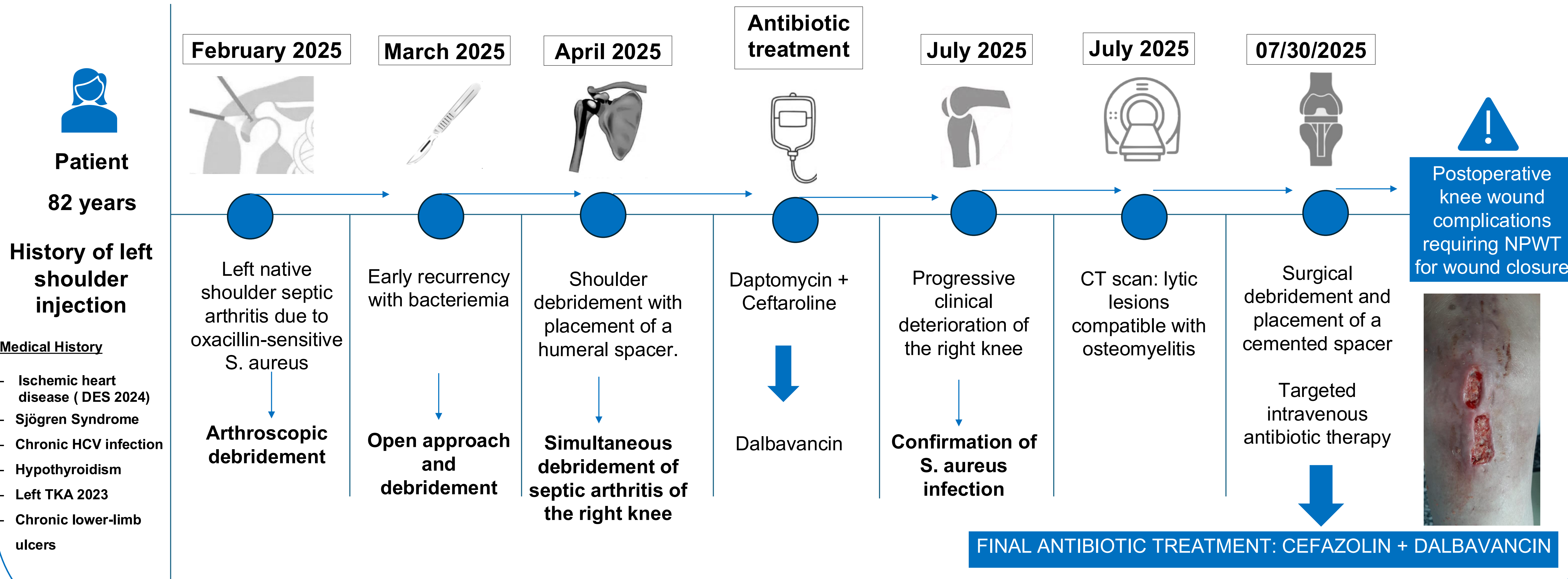
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Objective:
To describe the clinical course and multidisciplinary management of a complex osteoarticular infection caused by oxacillin-susceptible Staphylococcus aureus and the therapeutic decision-making regarding definitive reconstructive surgery in an elderly patient.



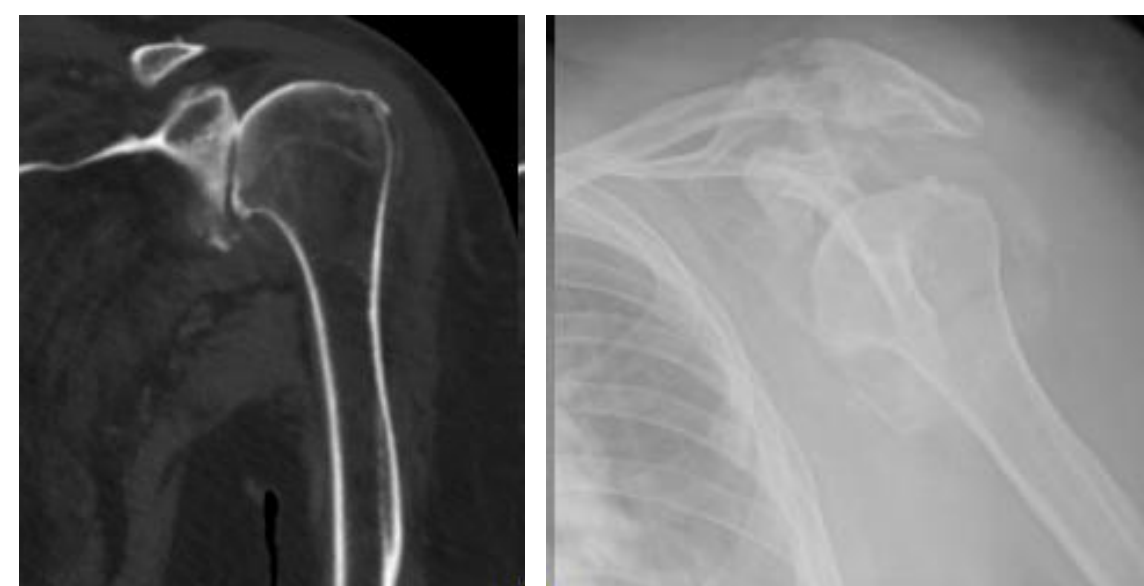
Methods



Results

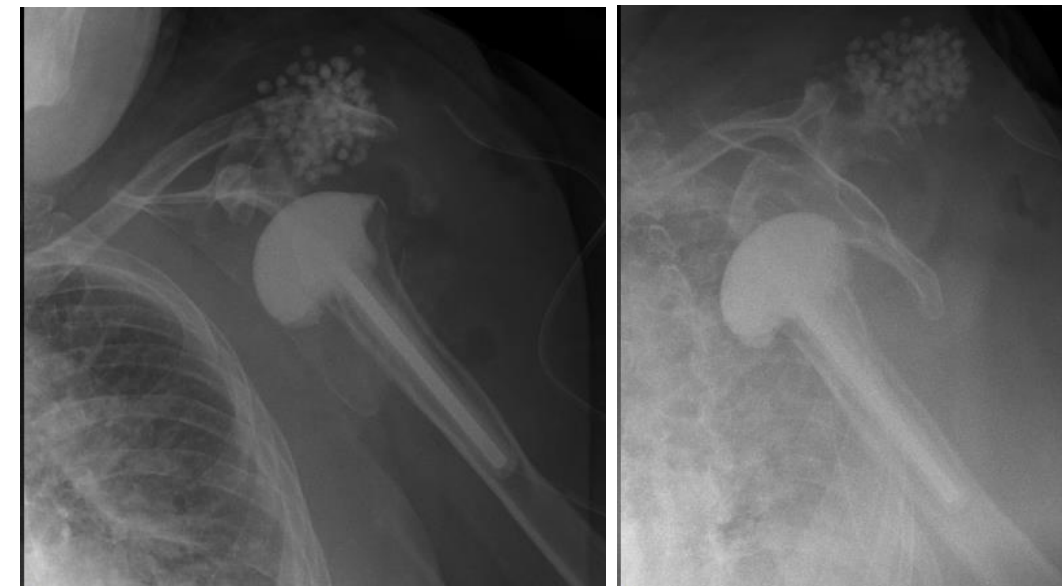
- Overall favorable postoperative course from an infectious standpoint
- Local complications with wound-healing problems at the surgical wound of the knee, requiring advanced dressing and **negative-pressure wound therapy**
- **Functional rehabilitation maintained:**
 - Knee range of motion: 0-90°
 - Stable spacer
 - Ambulation with a walker
- Radiologic follow-up: no signs of spacer loosening or migration
- Given the patient's advanced age, comorbidities, and local wound-healing complications, the second-stage reconstruction was ruled out, opting instead to **maintain the spacer and continue conservative treatment.**

LEFT SHOULDER (April 2025)



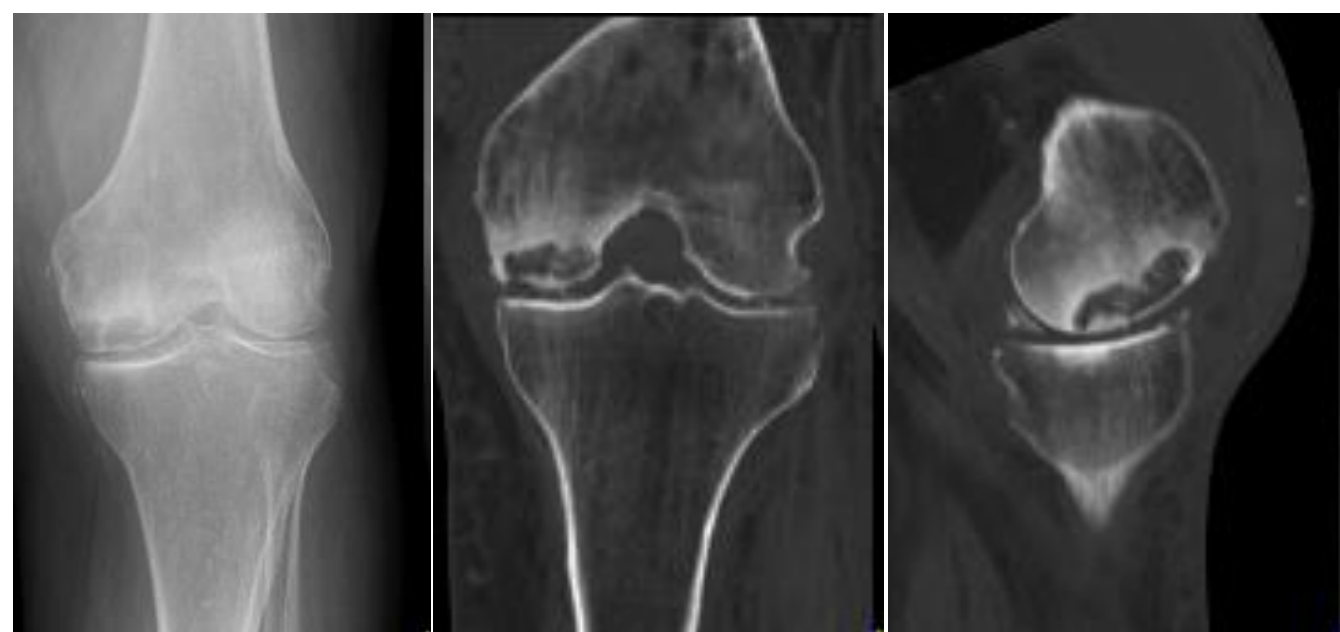
Imaging studies due to clinical suspicion of arthritis

LEFT SHOULDER (April 2025)



Post IQ Spacer

RIGHT KNEE (July 2025)



Imaging studies due to clinical suspicion of arthritis

RIGHT KNEE (July 2025)



Post IQ Spacer



Conclusion

Staphylococcus aureus bacteremia in elderly patients represents a highly serious clinical condition associated with high morbidity and mortality and a high risk of hematogenous dissemination with multifocal osteoarticular involvement, as illustrated by this case.



Bibliography



Contact / Questions

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