

Disseminated Gonococcal Infection Presenting as Septic Knee Arthritis in an Older Man: A Case Report

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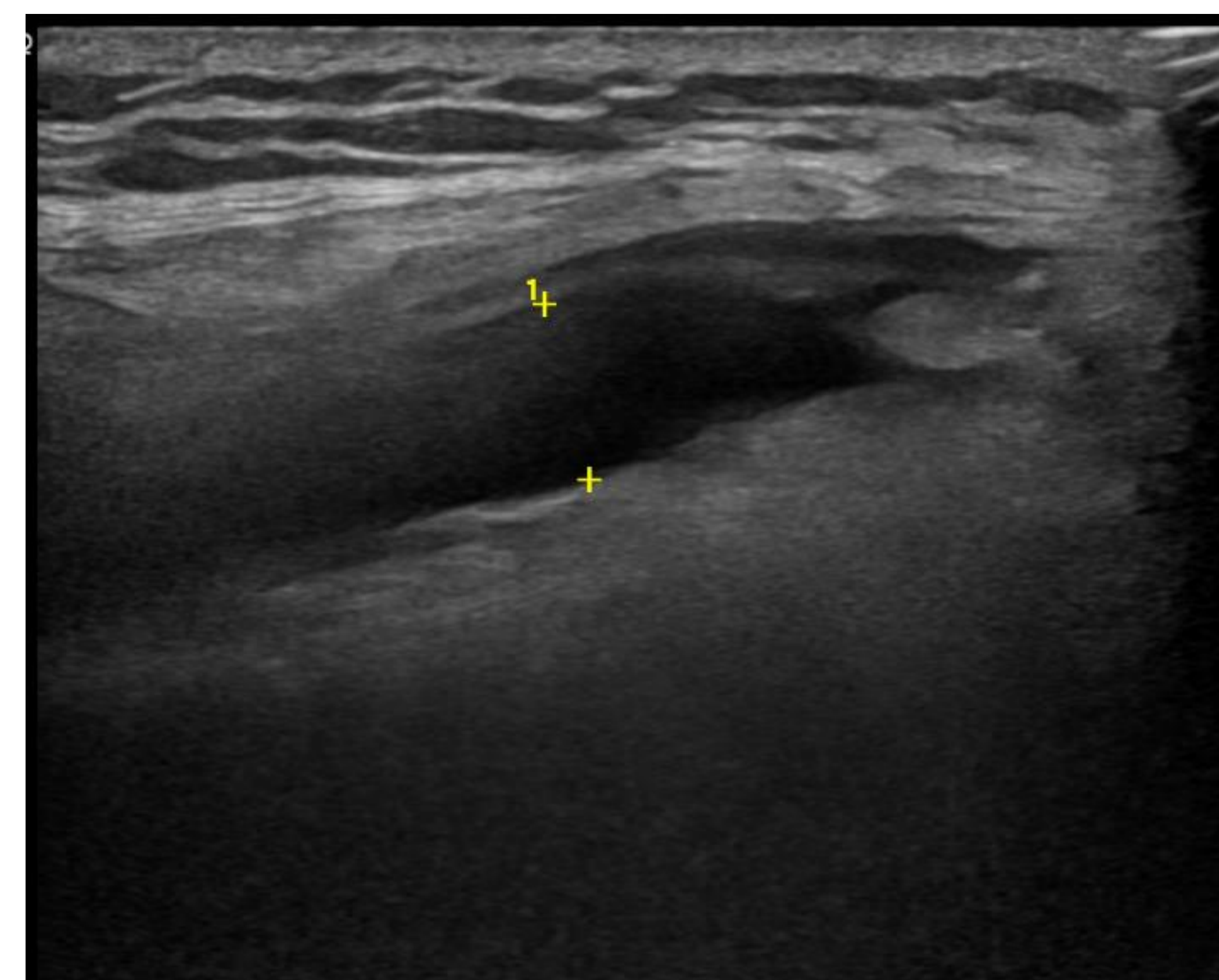
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Background & Introduction

Disseminated gonococcal infection is an uncommon cause of septic arthritis and is rarely reported in **older adults**. Diagnosis may be challenging when the presentation is atypical, and the genitourinary work-up is negative. We report a case of disseminated gonococcal infection presenting primarily as septic arthritis of the **knee** in an older man, with associated **shoulder** involvement.

Case: presentation and diagnosis

- 80-year-old man.
- Acute fever, **left knee swelling, redness and pain + left shoulder pain**
- Arthrocentesis:
 - Turbid, purulent fluid
 - 79018 leukocytes
 - 85% PMNs
- **Microbiology:**
 - Negative blood cultures
 - ***Neisseria gonorrhoea*** in synovial fluid of knee
 - S Ceftriaxone
- Workup:
 - Negative HIV, hepatitis B/C screening
 - **Negative urine molecular biology for *N. gonorrhoea* and *C. trachomatis***



Small joint effusion in the suprapatellar recess of the left knee, with a maximum thickness of approximately 7 mm, anechoic and nonspecific.



CT scan of left shoulder showing a small amount of fluid is present in the glenohumeral joint, associated with thickening and diffuse increased uptake of the synovial lining

Disseminated gonococcal disease involving left knee and shoulder

Case: treatment and follow-up

- Initial washout and drainage of septic arthritis
- Empirical antibiotics with piperacillin / tazobactam + vancomycin
- Directed antibiotics with ceftriaxone after *N. gonorrhea* isolated
- Completed a total of 15 days of effective antibiotherapy (extended due to fever persistence)
- Resolution of symptoms followed by physical therapy

Conclusion

- Gonococcal septic arthritis should be considered in **patients of all ages** and in the absence of positive urine sexually transmitted infection testing.
- Prompt joint drainage, microbiological confirmation from synovial fluid, and directed ceftriaxone therapy were associated with good clinical response.
- This case highlights the protean presentation of disseminated gonococcal infection and the importance of maintaining diagnostic suspicion outside the usual demographic profile.