

# Acute Monoarthritis (Adult) on AMU

## Document Examinations Findings

Articular Features (pain, tenderness)  
Swelling, redness, warmth)  
Other joint involvement  
Extra-articular features  
Tophi  
SEW Score  
Precipitating factors (e.g trauma)  
Evidence of other disease

## Consider Potential Causes

Septic Arthritis  
Gout  
Pyrophosphate Crystal Deposition (pseudogout)  
Reactive Arthritis  
Monoarticular Onset Polyarthritis  
Traumatic Synovitis & Mechanical (incl. post fracture)  
Haemarthrosis  
Inflammatory OA

## Investigations

Aspiration from an area of clear skin must be performed as part of initial investigations (must be done by/under supervision of experienced clinician) **DO NOT ASPIRATE PROSTHETIC JOINTS WITHOUT ORTHOPAEDIC SUPPORT:**

- microbiology sample in a universal container (cell count & crystals)
- blood culture bottles
- If gonococcus suspected request PCR
- Phone the microbiology MLSO to inform of sample for crystals

Peripheral Blood Cultures (x 2 if clinical sepsis and/or pyrexia)

Full blood count & biochemistry

PV & CRP

X-ray joint

INR if on warfarin

Any other investigations suggested by history/examination to determine cause

D/W Rheumatology on call when possible

Suspicion of Septic Arthritis

**Uncomplicated**  
(likely gram + ve)  
\* Flucloxacillin IV 2g QID  
\* Clindamycin 600mg QID if penicillin-allergic

D/W Rheumatology & ID  
≥ 6 weeks therapy – consider OHPAT

**Complicated**  
(recent surgical or GI procedure)  
Likely gram – ve

D/W rheumatology & ID or med micro for antimicrobial advice

Reactive Arthritis

Full dose NSAID with gastric protection  
  
Treat precipitating factor (e.g. doxycycline for Chlamydia)

Gout

1. Full dose NSAID with gastric protection  
  
2. Colchicine 500micograms 2-3 times daily until pain relieved  
Not suitable if significant renal/hepatic impairment

If not suitable for colchicine please refer to the [Tayside Rheumatology](#) guidelines on Staffnet (linked from our page)

Pyrophosphate or pseudogout

As per gout or Bed-rest & local steroid injection

If gonococcal refer to GUM  
Adapt antibiotic therapy according to culture yield  
Consider therapeutic aspiration/drainage with orthopaedic surgeons