



Chronic Prosthetic Hip Infection due to *S. aureus* Exacerbated by a Non-Steroidal Anti-Inflammatory drug in a 65-Years-Old Man

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Clinical Image

A 65-years-old man without comorbidity experienced mechanical pain nine months after hip prosthesis implantation. Initially, X-rays didn't show obvious loosening (Figure 1A). Six months later, the mechanical pain was slightly stronger and he took IBUPROFEN 400mg BID, a non-steroidal anti-inflammatory drug (NSAID) during fifteen days. Pain was exacerbated and he presented an enlarged right thigh with clinical signs of septic arthritis. CT scan showed a little osteolysis (Figure 1B), a periostitis (Figure 1C) and multiple muscular abscesses (Figure 1D and E). All per-operative explantation samples came back with *S. aureus* in culture. We concluded that the patient had chronic *S. aureus* prosthetic hip infection, exacerbated by NSAIDs. By their action mechanism, NSAIDs can be harmful: (i) in skin and soft-tissue infection, they may promote the promotion to necrotizing fasciitis [1]; (ii) in dental or pharyngeal bacterial infections, they could led to mediastinitis [2,3]. Physicians have to be aware that NSAIDs could also exacerbate a chronic bone and joint infection.

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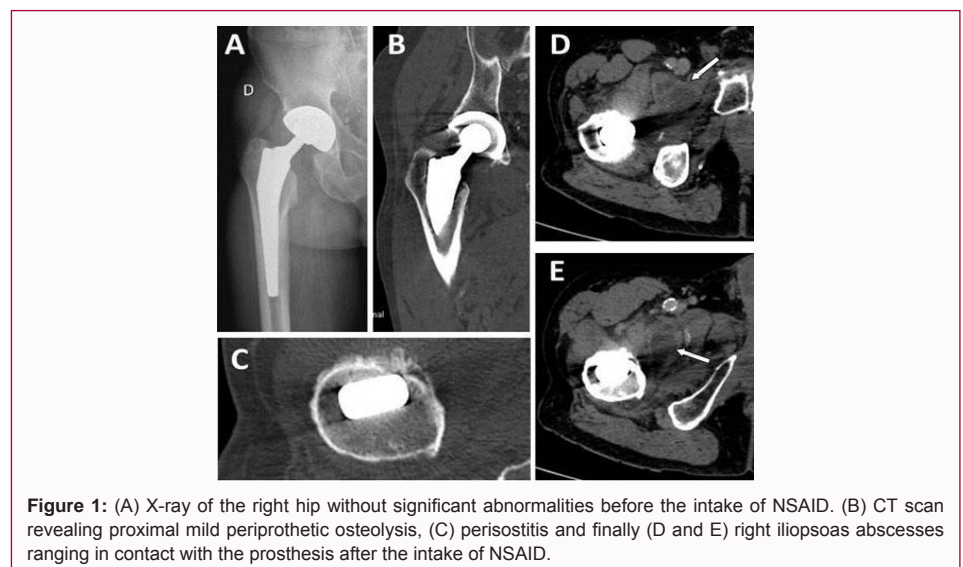


Figure 1: (A) X-ray of the right hip without significant abnormalities before the intake of NSAID. (B) CT scan revealing proximal mild periprosthetic osteolysis, (C) periostitis and finally (D and E) right iliopsoas abscesses ranging in contact with the prosthesis after the intake of NSAID.

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Take Home Messages

-NSAIDs may promote bacterial complications in children with varicella, and in adults with dental or pharyngeal bacterial infections.

-NSAIDs could also exacerbate a chronic bone and joint infection, with production of periprosthetic abscesses.

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