

SWELLING OF THE STERNOCLAVICULAR JOINT: A DIAGNOSTIC DILEMMA

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Patient 52 yr old male presented with swelling over Rt sternoclavicular joint associated with pain and no H/O weight loss, trauma, fever, DM



Patient was taking treatment from elsewhere since Nov 2018

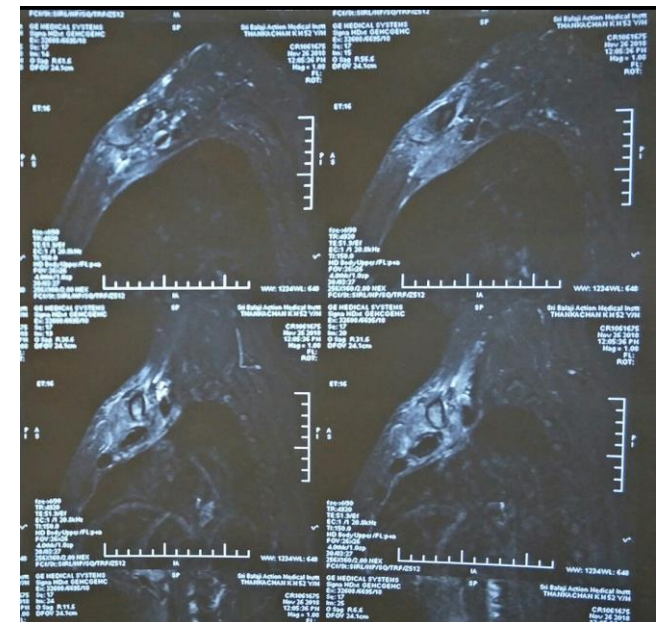
All routine investigations done

- ESR : 32mm/ 1st hr
- CRP :negative
- X-ray Chest- NAD

Also MRI Rt sternoclavicular joint done

Diagnosis of Tubercular Arthritis of Rt S-C joint was made and ATT started

After 8 months of ATT no resolution of symptoms and swelling further increased.



Patient came to us with diffuse swelling of size 3 x 2cms over right sternoclavicular joint with ill defined border. There was discoloration of skin with small sinus without active discharge

- Repeat MRI was done
- Synovial Biopsy For PCR for MTB- Negative
- Histopathology- Non Specific Inflammatory Granulation tissue
- Widal Test - Positive

Swelling was aspirated and sample were sent for Microscopy & C&S:
On Microscopy many epithelial cells with gram negative bacilli
ZN stain- no AFB seen

Culture and sensitivity :
Salmonella Typhi obtained
sensitive to Amoxiclav,
Ceftriaxone and Ampicillin

Diagnosis : **Salmonella
arthritis /osteomyelitis of
Rt Sternoclavicular joint**

**IV Injection Ceftriaxone 1gm BD for
3 weeks followed by Tab Augmentin
625 mg BD for next 3 weeks**



Patient improved
clinically and
swelling resolved

DISCUSSION

- Infective Arthritis of the Sternoclavicular Joint is an uncommon
- The most commonly isolated organism is Staphylococcus aureus(49%). Other common organisms include pseudomonas, Brucella and E.coli.
- Tuberculosis needs to be borne in mind as a differential diagnosis for patients in endemic areas.
- Appropriate culture of aspirate/tissue sample with imaging should be regarded as the investigation modality of choice.
- There are only few cases of Salmonella Osteoarthritis of SC Joint is reported in medical literature till date