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Unusual Cause of Septic Arthritis in a Young Woman During Puerperium

Pino Sommese[1], Augusto Delle Femine[1], Angelo Luigi Illiano[2], Pierpaolo Di Micco[1*], Giovanna Scherillo[1], Antonio Di Salvatore[1], Antonio Lobasso[1] and Ciro di Gennaro[1]

[1]UOC Medicina Interna, P.O. Santa Maria delle Grazie, ASL Napoli 2 nord, Pozzuoli (NA), CAP 80078, Italy

[2]UOC Radiologia P.O. Santa Maria delle Grazie, ASL Napoli 2 nord, Pozzuoli (NA), CAP 80078, Italy

ABSTRACT

Surgical practice in northwestern Syria during the war presented a stark reality for the medical professionals on the front lines: a collapsed health system, destroyed infrastructure, and severe shortages of medical supplies and equipment. Amidst this devastation, surgery emerged as the sole lifeline for many of the wounded. In the midst of this ruin, innovative solutions for surgical care delivery began to take shape—solutions designed to address the prevailing challenges: adapting to scarcity, fostering collaboration, improving supply chain logistics, and leveraging technology, such as telemedicine. These strategies are not merely transient measures for wartime; rather, they constitute a fundamental necessity for the post-conflict era, where the construction of a resilient health system—supported by effective partnerships—has become a prerequisite for the comprehensive revitalization of the region.

***Corresponding author**

Pierpaolo Di Micco, UOC Medicina Interna, P.O. Santa Maria delle Grazie, ASL Napoli 2 nord, Pozzuoli (NA), CAP 80078, Italy.

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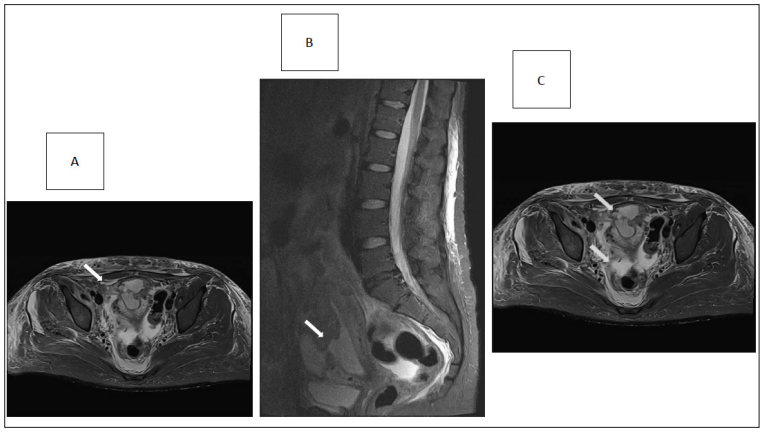
A 31 old woman during puerperium and regular breast-feeding, developed progressive right lower limb pain with local edema e progressive single limb dysfunction (power, movements and pain).

Fever appeared after 2 weeks from delivery with increased values of WBC, C reactive protein, while procalcitonin resulted normal. Negative screenings for auto-immune systemic diseases and cultural samples from blood, sputum and urine were obtaibned. Empiric antibiotic treatment was started (i.e. iv levofloxacin 1 g daily and daptomicin 850 mg daily) associated NSAIDs and acetoaminophen iv on demand and steroids (0.3 mg\kg iv twice daily, methylprednisolone 40 twice daily) without clinical benefit. During this treatment, breast-feeding was stopped.

Because delivery was based on Caesarean Section an abdominal Magnetic Resonance was performed and revealed uterine perforation with residual local abscess and following dripping of flogistic coins on omolateral iliopsoas muscle next to coxo-femural joint (Figure 1).



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