Clinical suspicion of SANJO

- Painful joint and/or joint inflammation (red, hot, swelling)
- Joint effusion
- Sinus tract after surgery / trauma

Diagnostic joint aspiration

Synovial fluid analyses in order of priority:
1. Culture of Synovial fluid
2. White blood cell count (WBC)
3. Presence of crystals

Indicators of SANJO

- Purulent aspirate or drainage
- Synovial WBC > 50.000 cells/µL
- Polymorphonuclear percentage (PMN%) > 90 %
- Microbial growth in synovial fluid

Antibiotic treatment

- Gram staining:
  - Gram-positive (GP): cloxacillin or cefazolin
  - Gram-negative (GN): ceftriaxone
- Negative stain: GP+GN coverage

Surgery

- Arthroscopic debridement is recommended for most cases
- Open debridement may be indicated in severe cases and, when needed in small joints

1 SANJO can be present without an elevated white blood cell count (WBC) or percentage of neutrophils (PMN%). Gout, pseudogout and rheumatic diseases can also cause elevated WBC and PMN%.
2 Empirical antimicrobial therapy should be adapted to local epidemiology and individual risk factors for methicillin-resistant S. aureus, P. aeruginosa or other resistant pathogens. Target therapy is imperative once the cultures are available.
3 In case of sepsis or septic shock, antibiotic should be administered even before joint aspiration.
4 Surgical treatment may be postponed ≤ 24h, if: 1) the patient has no sepsis/septic shock, 2) the joint is drained and irrigated by re-aspiration of saline injection until clear fluid is obtained, 3) empirical antibiotic treatment has been started, and 4) an experienced surgeon can perform the procedure.