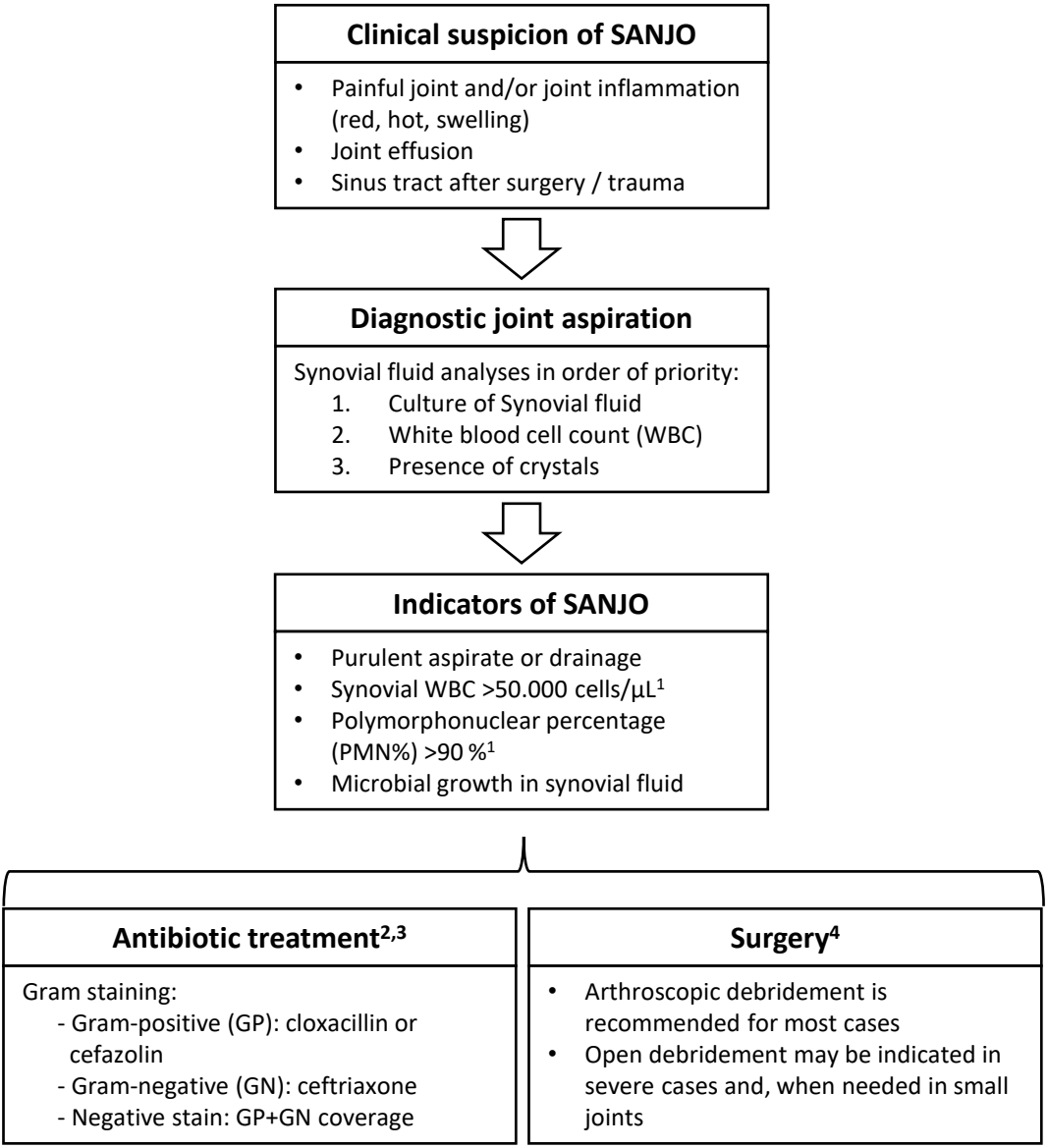

[1] SANJO can be present without an elevated white blood cell count (WBC) or percentage of neutrophils (PMN%). Gout, pseudogout and rheumatic diseases can also cause elevated WBC and PMN%.

[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.