

# Osteomyelitis of Pubis Symphysis (OPUS)

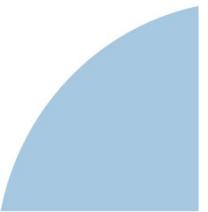
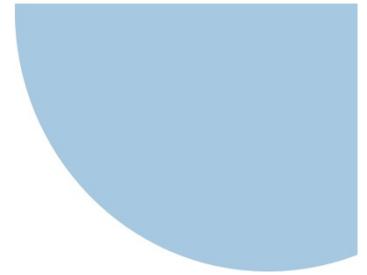
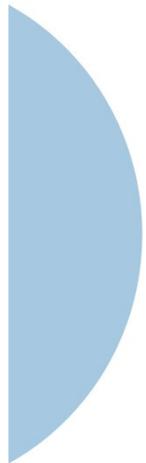
Étude descriptive de 71 symphysites septiques

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# Liens d'intérêts

Les auteurs ne déclarent aucun lien d'intérêt

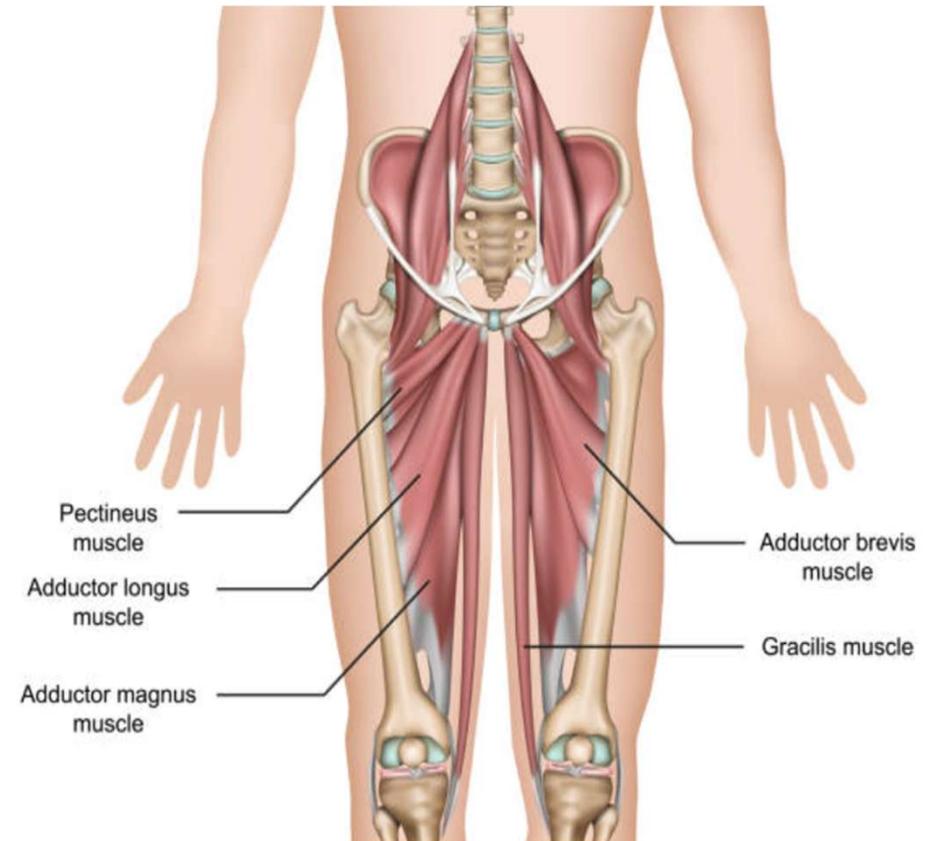


# Anatomie de la symphyse pubienne

Amphiarthrose

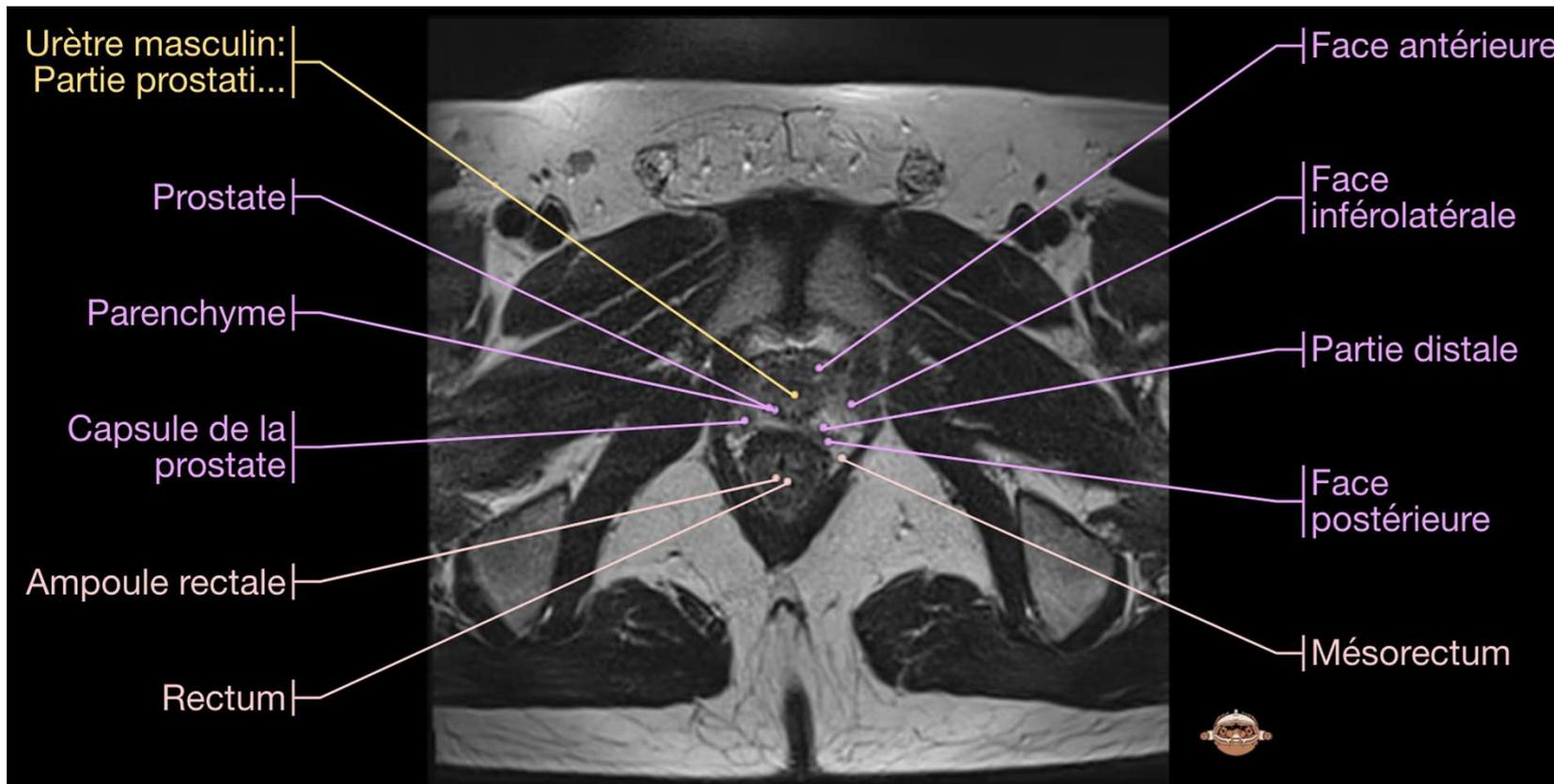
Amortisseur de chocs et de contraintes

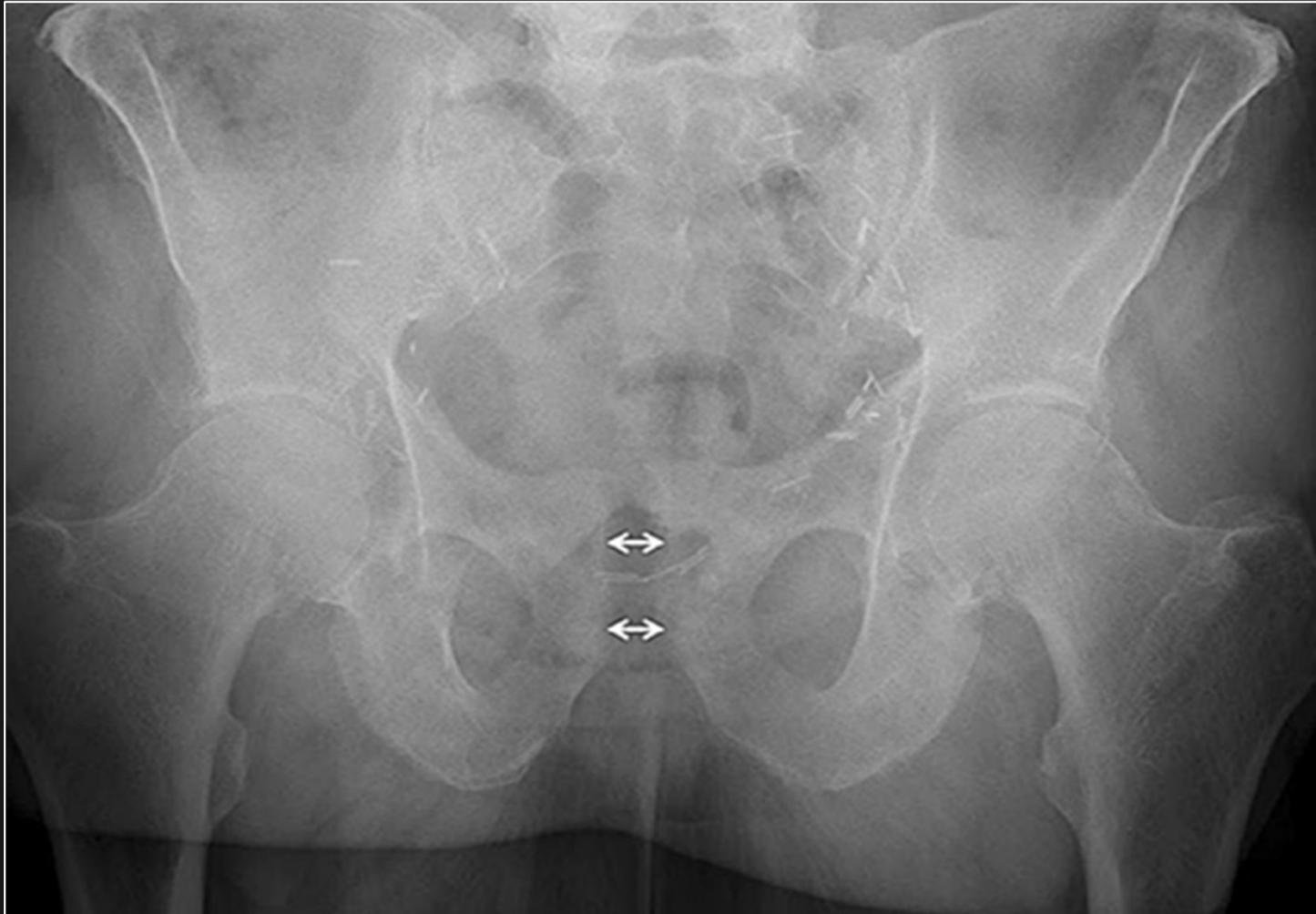
Insertion de nombreux muscles (adducteurs)

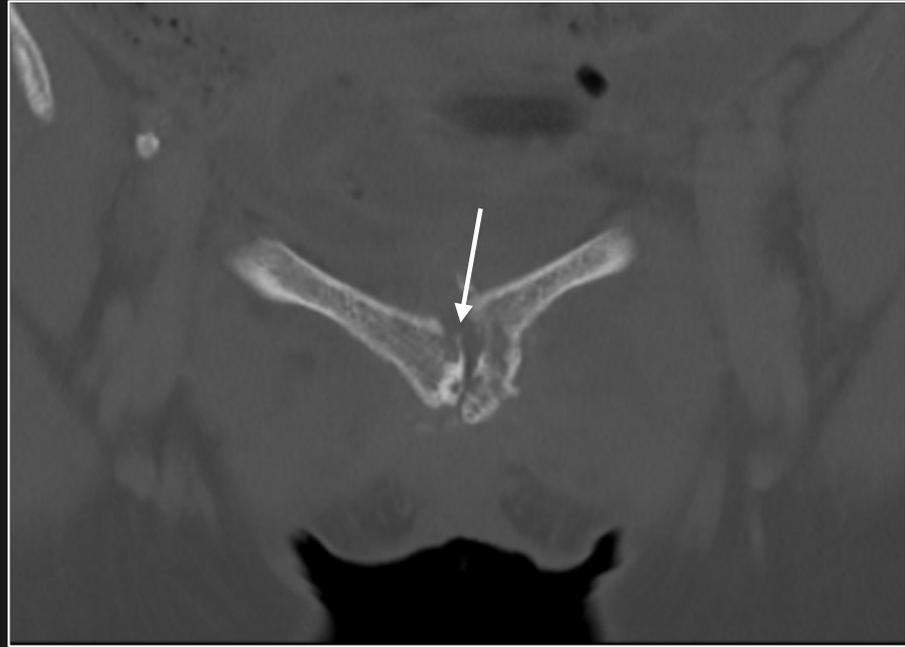


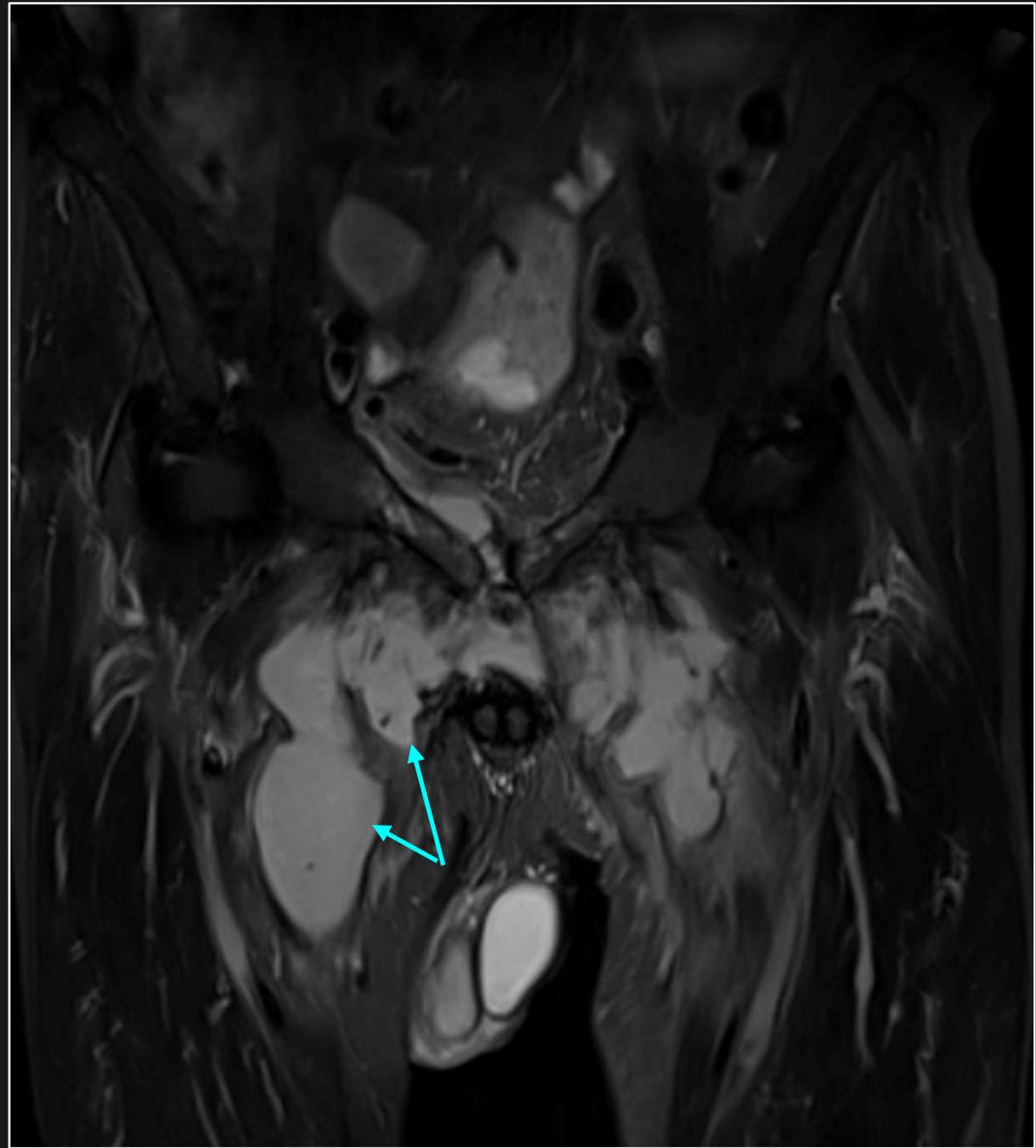
# Anatomie de la symphyse pubienne

Les structures à proximité









# Les symphysites septiques



## EPIDEMIOLOGIE

2.8% des arthrites  
bactériennes



## CLINIQUE

Pubalgie  
Fièvre  
Boîterie



## DIAGNOSTIC

Clinique  
ECBU, Hémocultures  
+/- Biopsie osseuse  
Imagerie



## MICROBIOLOGIE

*Staphylococcus aureus*  
Enterobactéries



## TRAITEMENT

Antibiotiques  
+/- chirurgie



## PRONOSTIC

Rechutes fréquentes  
Taux de rémission ?

Infectiologie  
(USA)

## Septic Arthritis of the Pubic Symphysis Review of 100 Cases

Ross, John J. MD; Hu, Linden T. MD

Author Information

*Medicine* 82(5):p 340-345, September 2003. | DOI: 10.1097/01.md.0000091180.93122.1c

Recueil rétrospectif sur 30 ans  
(1973-2003)

A partir de case report publiés  
sur Pubmed

**TABLE 2.** Predisposing Conditions among 100 Adults with Septic Arthritis of the Symphysis Pubis

Predisposing Condition	No. of Patients
Female incontinence surgery	24
Athlete	19
Pelvic malignancy	17
Intravenous drug use	15
None (previously healthy)	10
Male incontinence surgery	3
Postpartum	2
Cardiac catheterization	2
Herniorrhaphy	2
Miscellaneous*	6

\*Miscellaneous conditions included renal transplantation, decubitus ulcer, infected penile prosthesis, transvesical urethrolithotomy, pubic erosion from a foley catheter, and Sjögren syndrome (1 patient each).

**TABLE 3.** Organisms Isolated in 100 Cases of Septic Arthritis of the Symphysis Pubis

Organism	No. of Isolates
<i>Staphylococcus aureus</i>	34
<i>Pseudomonas aeruginosa</i>	24
Polymicrobial	19
<i>Escherichia coli</i>	5
<i>Enterococcus</i> sp.	5
<i>Mycobacterium tuberculosis</i>	3
<i>Streptococcus agalactiae</i>	1
<i>Streptococcus pneumoniae</i>	1
Miscellaneous*	8

\*Miscellaneous organisms included *Serratia marcescens*, *Brucella melitensis*, *Bacteroides fragilis*, *Fusobacterium necrophorum*, *Citrobacter* sp., *Peptostreptococcus* sp., *Staphylococcus saprophyticus*, and lactobacilli (1 patient each).

# ARTHRITE MECONNUE

Complication surveillée en  
chirurgie  
≠ services de médecine

# FACTEURS DE RISQUE

Chirurgies et néoplasies  
pelviennes

## OPUS

Etude descriptive  
Actualisation des données  
Apporter de nouvelles connaissances

# PEU D'ÉTUDES

Ross et al. (2003)  
N=100 patients

# DEVENIR ?

Peu de connaissances sur le  
pronostic

# PATIENTS ET METHODES



Etude multicentrique

Observationnelle

Rétrospective



Examen clinique

Imagerie (> 1 imagerie en coupe)

Microbiologie (> 1 prélèvement)

Traitements reçus

Devenir à terme



Majeurs

Hospitalisés entre 2011 et  
2022

Rhumatologie,  
Infectiologie ou Urologie

# RESULTATS

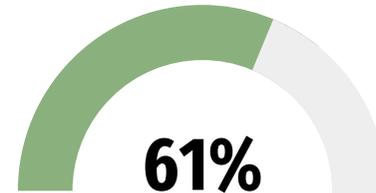
71

patients recrutés



70%

Prédominance masculine



61%

Cancer pelvien actif ou en rémission

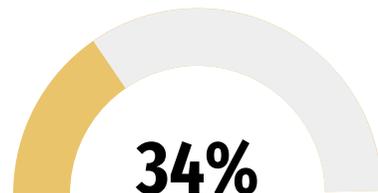
23

cancer + chirurgie



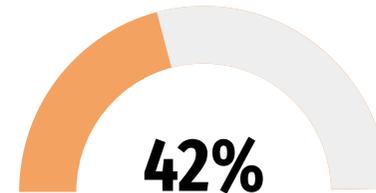
68 ans

de moyenne d'âge



34%

Infection urologique, gynécologique ou intestinale



42%

Chirurgie urologique, gynécologique, digestive basse ou orthopédique

15

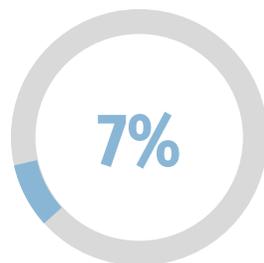
SPS spontanées





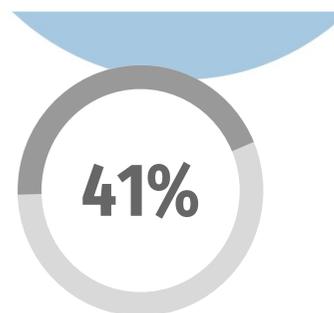
## **OBESITE**

Définie par un IMC >30 kg/m<sup>2</sup>

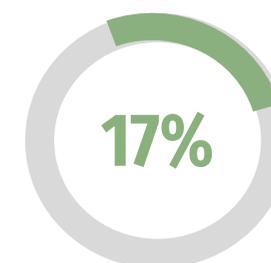


## **IRC**

Définie par un DFG <30 ml/min



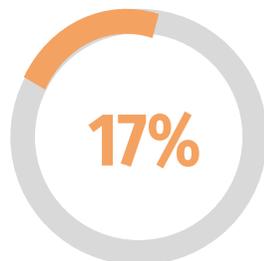
## **TABAC**



## **ALCOOLISME CHRONIQUE**

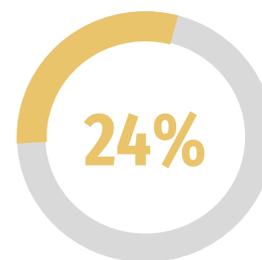


## **DIABETE**



## **IMMUNO- DEPRESSION**

Thérapie  
immunosuppressive et/ou  
hémopathie



## **ANTI INFLAMMATOIRES**

Consommation d'AINS  
et/ou Corticoïdes



## **TOXICOMANIE IV**

# CLINIQUE

45%  
morphine

20 jrs  
Avant diag

Pubalgies

80%

Douleurs  
inguinales

66%

Fièvre

63%

Boiterie

52%

SFU

44%

Douleurs  
de cuisse

37%

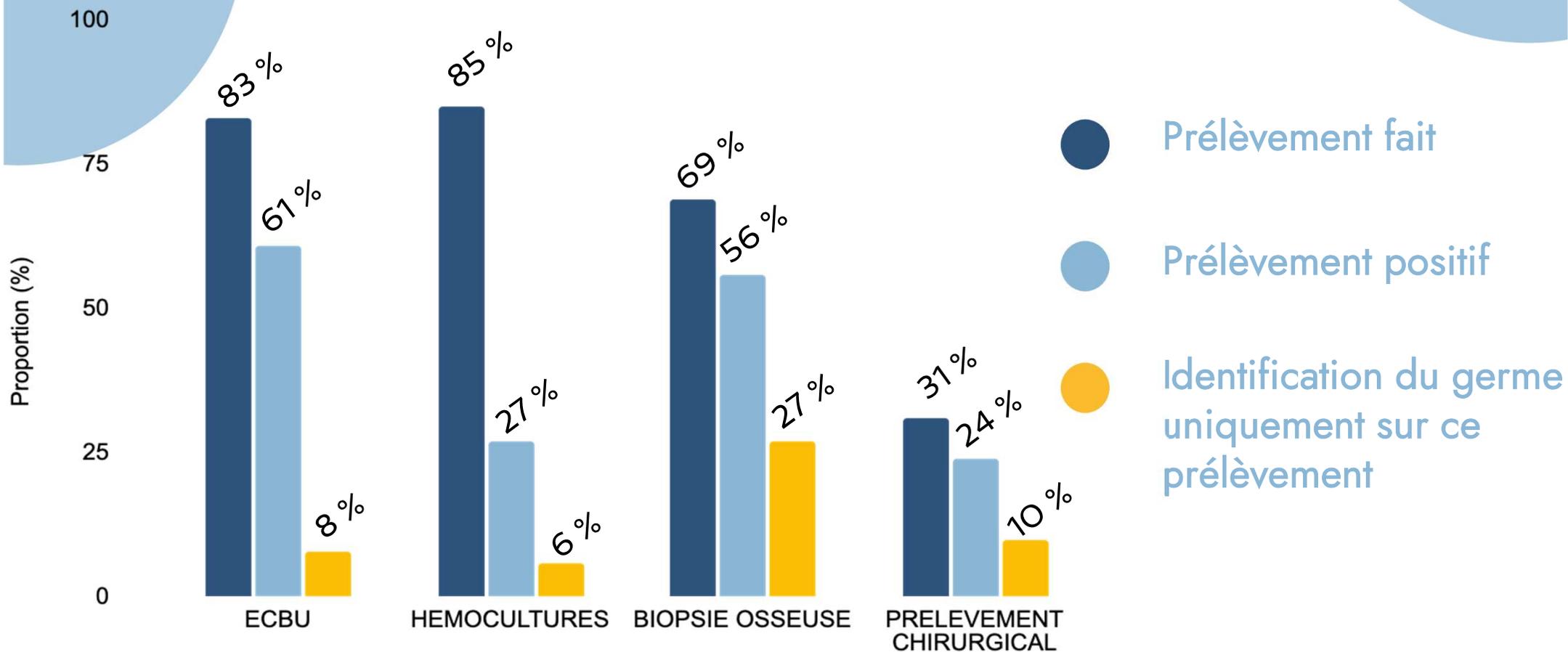
Douleurs à  
l'adduction

25%

Clinostatisme

16%

# MICROBIOLOGIE



25%

*E.coli*

*P.aeruginosa*  
10%

42%

Polymicrobien  
BGN ++

Aucun cas  
d'EI

23%

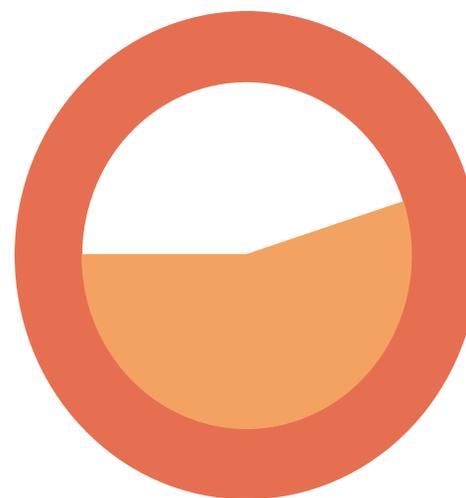
*Staphylococcus*  
*aureus*

Stérile  
x3

# IMAGERIE



**91%**  
atteinte  
musculaire



**59%**  
Fistules



# TRAITEMENTS



## MEDICAL

Antibiothérapie

Délai avant ATB : 30 jours

Durée médiane ATB: 45 jours



## CHIRURGICAL

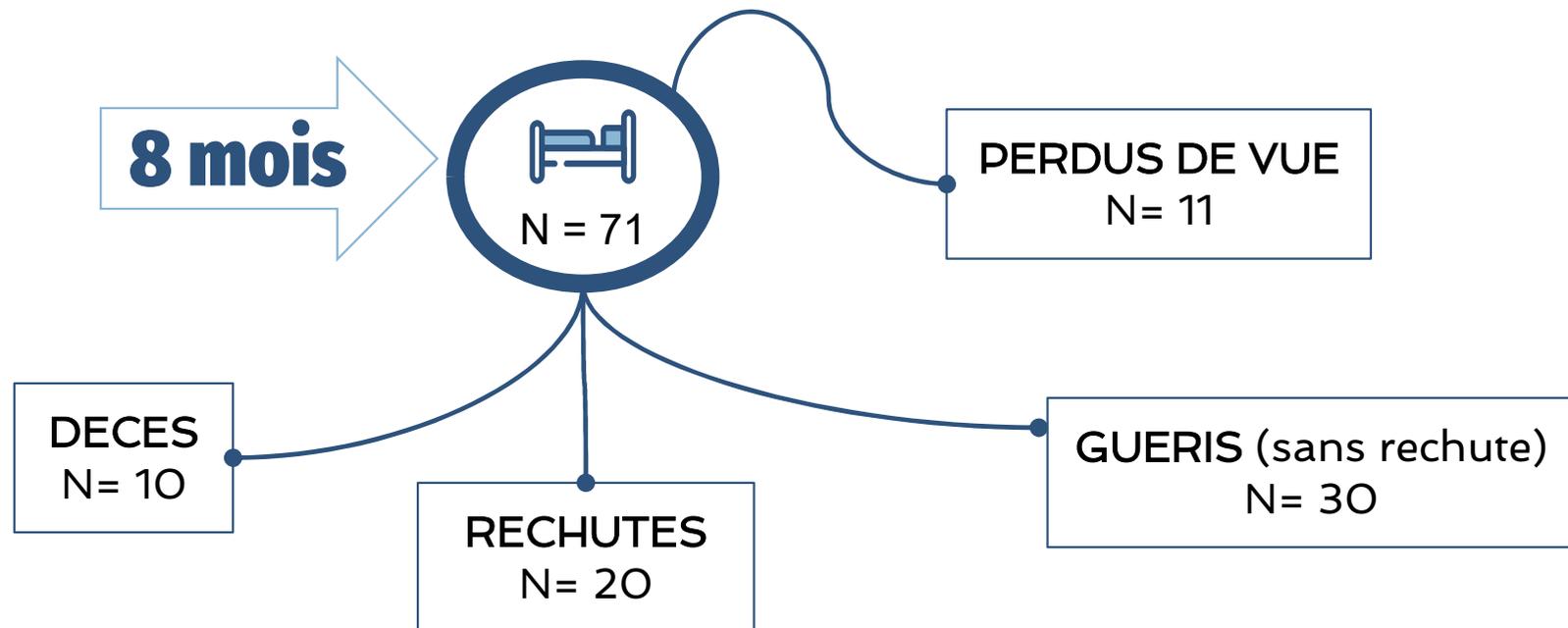
22 patients (31%)

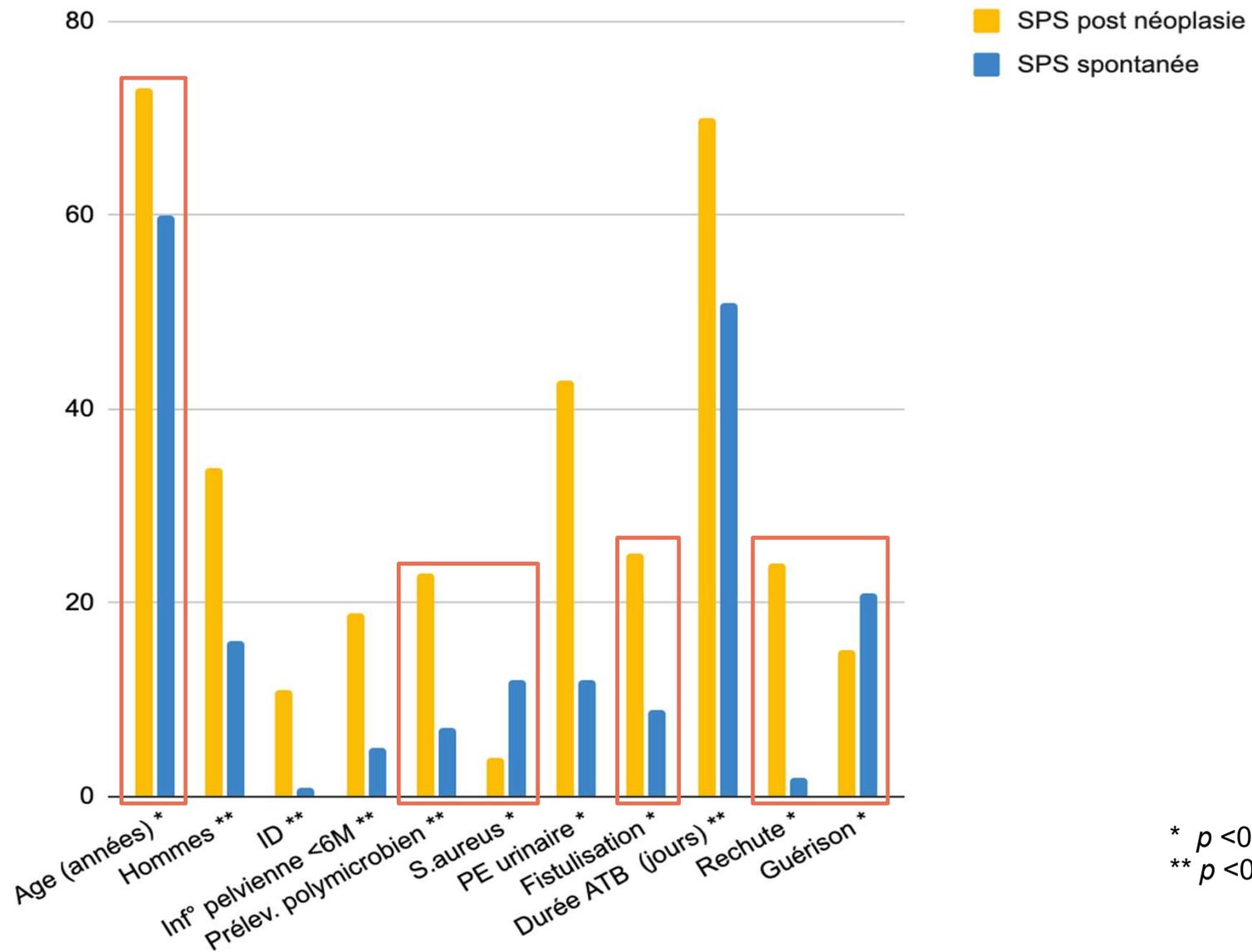
## DRAINAGE

Diagnostic /  
thérapeutique

Echo ou radioscopie ou  
chirurgical

# SUIVI DES PATIENTS





\*  $p < 0.01$   
 \*\*  $p < 0.05$

# CONCLUSION

Infection ostéo articulaire mal connue

Infection principalement nosocomiale (post opératoire de néoplasie pelvienne)

Prélèvements polymicrobiens et BGN

Extension loco régionale (musculaire ++)

Très bonne rentabilité de la biopsie osseuse si hémocultures négatives

Traitement médico chirurgical

Suivi rapproché la 1e année, rechutes fréquentes



**MERCI**

# CATEGORIES SELON LES CRITERES DE NEWMAN

## Newman A

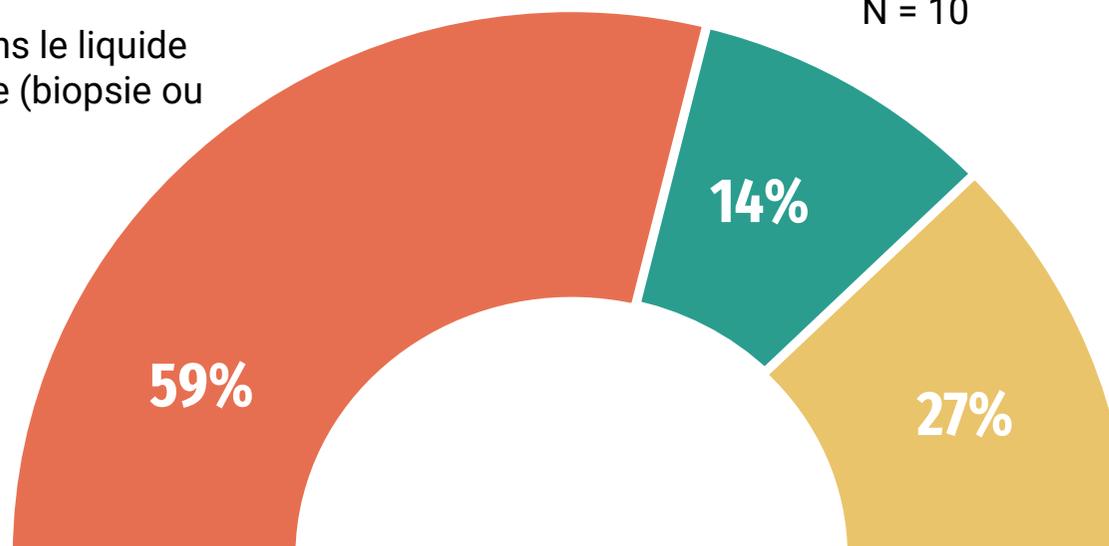
Germe isolé dans le liquide  
ostéo articulaire (biopsie ou  
per opératoire)  
N = 42

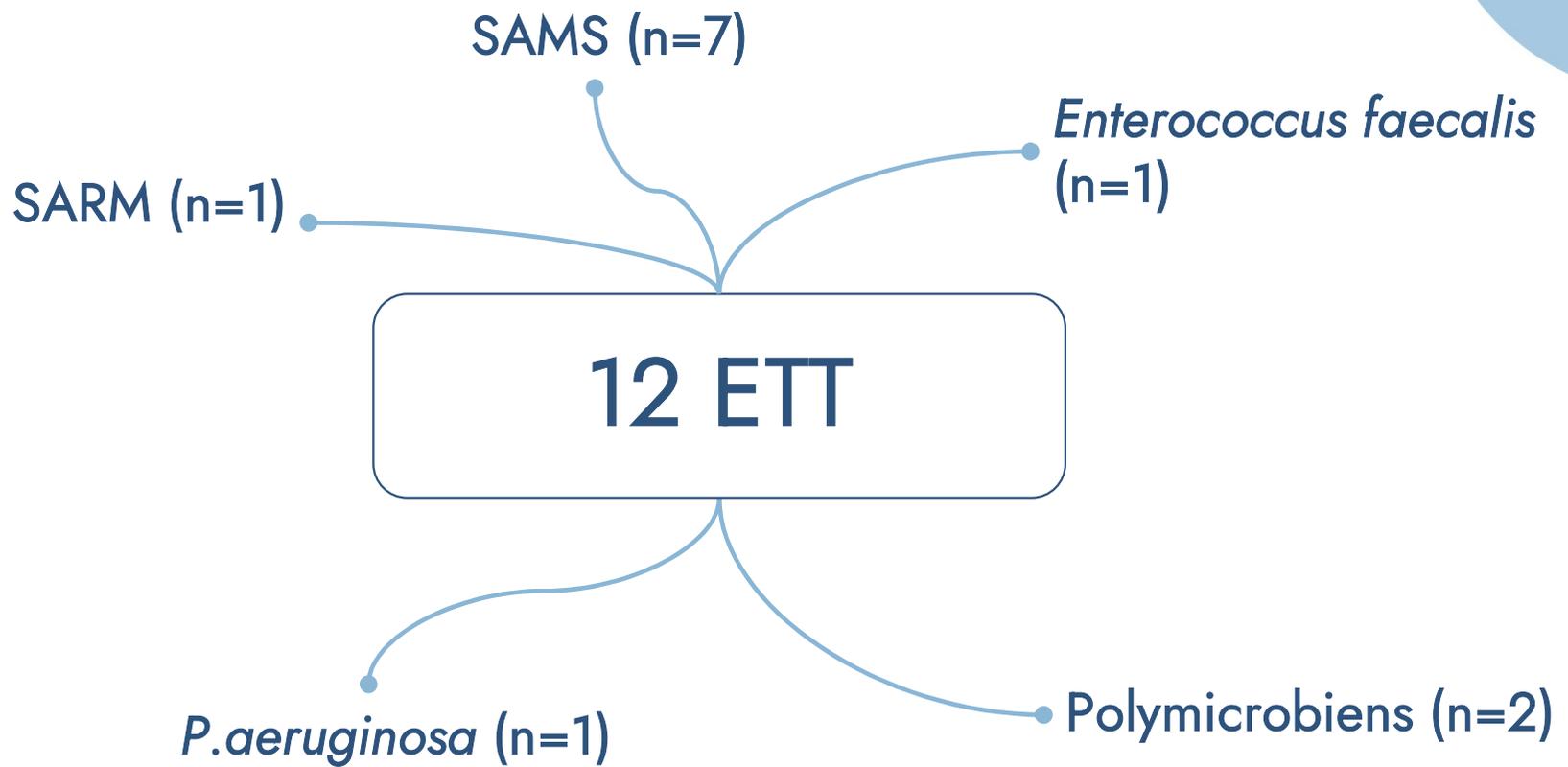
## Newman B

Germe isolé en hémoculture  
N = 10

## Newman C

Absence de germe (N=3)  
ou identification uniquement  
sur un ECBU (N=15)  
ou sur tout autre prélèvement  
(N=1)





# LES GERMES RESPONSABLES DE RECHUTE

## POLYMICROBIEN

*Proteus mirabilis* (N=6) ;  
*Enterococcus faecalis* (N=7) ;  
*E.coli* (N=5);  
*S.aureus* (N=4)

## MONOCULTURE

*E.coli* (N=3);  
*E.faecalis* (N=1) ;  
*S.agalactiae* (N=2) ;  
*Actinotignum schaalii* (N=2) ;  
*Propionibacterium acnes* (N=1) ;  
SAMS (N=1);  
*P. aeruginosa* (N=1);  
*Proteus mirabilis* (N=1)

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