

## CASE REPORT

### AN IATROGENIC COMPLICATION IN A PATIENT WITH RHEUMATOID ARTHRITIS

Claudia COBILINSCHI<sup>1,2</sup>, Flavia DUMITRU<sup>3</sup>, Ruxandra IONESCU<sup>1</sup>

<sup>1</sup>Sf. Maria Clinical Hospital, Bucharest, Romania

<sup>2</sup>University of Medicine and Pharmacy, Bucharest, Romania

<sup>3</sup>Department of Radiotherapy, Coltea Clinical Hospital

**Address for correspondence:** Claudia Cobilinschi, University of Medicine and Pharmacy, Bucharest, Dionisie Lupu 37, 020022, Romania. E-mail: claudiadeaconu1@yahoo.com.

#### Abstract

*Rheumatoid arthritis (RA) is the most encountered chronic inflammatory rheumatic condition with a predominance in middle-aged women. If inadequately controlled and in the presence of risk factors, RA can lead to complications such as septic arthritis. The case presentation displays a 55-year-old female patient with a long history of RA that developed infection of the knee after repeated arthrocentesis for persistent arthritis. Empirical double parenteral antibiotherapy and methylprednisolone were initiated leading to favorable patient outcome before irreversible damage occurred. Septic arthritis should be considered in patients having chronic inflammatory diseases, especially if under immunosuppressive drugs and corticosteroids. Prompt intervention can decrease morbidity in RA patients.*

**Keywords:** rheumatoid arthritis, septic arthritis, arthrocentesis, biologics, immunosuppression.

**DOI** <https://doi.org/10.56082/annalsarscimed.2021.1.25>

#### Introduction

Rheumatoid arthritis (RA) is the most frequent chronic inflammatory condition that symmetrically affects small joints of the hands and feet but also large joints causing pain and swelling. The progressive joint destructions are irreversible and lead to damage accrual and patient disability [1].

The prevalence of RA can reach up to 1% of the population, with higher rates in northern Europe and America and it mostly affects middle-aged women [2].

Despite being incompletely known, etiopathogenesis is multifactorial with genetic and environmental factors involved, including infections, smoking or hormonal status [3].

Treatment of RA has largely diversified with the discovery of biologics targeting

cytokines like tumor necrosis factor (TNF)- $\alpha$ , interleukins (IL)-6 or the anti-CD20 rituximab but also the newer molecules like targeted synthetic disease modifying antirheumatic drugs (tsDMARDs) like tofacitinib or baricitinib [4]. In 2019, the European League against Rheumatism (EULAR) issues updated recommendations for management in patients with RA, including indications for all these agents and following the treat-to-target strategy in order to obtain prompt control of disease activity [5]. Implementing this strategy is still challenging in clinicians' daily practice.

However, in some patients, complications can occur during the disease and treatment should be adjusted accordingly. Due to long-term immunosuppression drugs and variable dose of corticosteroids, patients are at risk of