

Category	Osteomyelitis (OM)	Septic Arthritis (SA)	Reactive Arthritis
<b>Definition</b>	Infection of bone (periosteum + cortex + medulla)	Infection of joint (synovial fluid + cartilage)	Sterile inflammation after infection
<b>Speed</b>	Slow (subacute → chronic)	Rapid (emergency)	Subacute
<b>Most common organism</b>	<b>Staph aureus</b>	<b>Staph aureus</b>	<b>Chlamydia trachomatis</b>
<b>Age pattern</b>	Kids → long bones Adults → vertebrae	All ages	Young adults
<b>Special organisms</b>	Sickle → Salmonella IV drug → Pseudomonas Shoe → Pseudomonas Prosthetic → CoNS Old → Gram -	Young → Gonorrhea Old → Gram -	Salmonella, Shigella, Campylobacter
<b>Pathogenesis</b>	Blood → bone Kids → metaphysis Adults → Batson plexus → spine	Blood (most common) Also trauma / OM spread	Immune reaction (no bacteria in joint)
<b>Key clinical</b>	Acute: fever + pain + swelling Chronic: pain only	Triad: Fever + pain + ↓ movement	Triad: Conjunctivitis + urethritis + arthritis
<b>Joint involvement</b>	Bone pain	Monoarticular (nongono) Polyarticular (gono)	Asymmetrical polyarthritis
<b>Destruction</b>	Slow damage	Rapid joint destruction	No destruction
<b>Diagnosis (gold)</b>	Bone biopsy	Synovial fluid analysis	Clinical
<b>Lab hallmark</b>	ESR ↑ CRP ↑	WBC >100,000 PMN >75% Culture +	No bacteria
<b>Imaging</b>	MRI best	Not primary	Not needed
<b>Treatment</b>	Acute: 4-6 weeks AB Chronic: surgery + AB	Drain + IV AB (3-4 weeks) Gono: Ceftriaxone	Treat underlying infection
<b>Prognosis</b>	Chronic complications	Disability if delayed	Usually self-limited
<b>Prevention</b>	Treat infections early	Treat infections + avoid trauma	Safe sex



اذكرونا بدعائكم

