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Comparison of Outcome between Short Versus Long Term Parenteral Antimicrobial Therapy on Septic Arthritis of Young Infant in a Tertiary Care Hospital

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Abstract

Background: *Septic arthritis in young infants is a serious condition that can cause joint destruction and long-term impairment. This study aims to compare the clinical and radiological outcomes of short-term versus long-term parenteral antimicrobial therapy for septic arthritis in young infants.*

Aim of the study: *The aim of the study was to compare the clinical and radiological outcomes of short-term versus long-term parenteral antimicrobial therapy in young infants with septic arthritis at a tertiary care hospital.*

Methods: *This randomized controlled trial was conducted at the Department of Paediatrics, Dhaka Shishu Hospital, Dhaka, Bangladesh, from July 2021 to June 2023. Sixty-nine infants (0–2 months) with septic arthritis were randomized into two groups to receive either long-term or short-term parenteral antibiotics. Follow-up occurred quarterly with final radiographic assessment at 12 months. Data were analyzed using SPSS v26; $p<0.05$ was considered significant.*

Results: *The study of 69 infants revealed no significant differences between Group A and Group B in baseline characteristics, readmission rates, blood culture results, or radiological and hematological parameters. Both groups showed similar clinical responses to therapy, with Group A responding faster (91.4% within 7 days vs. 85.3% within 14 days). After one year, most patients in both groups showed improvement, with no significant difference in outcomes or complications.*

Conclusion: *Short-term parenteral antibiotics are equally effective as long-term treatment for septic arthritis in young infants, with similar outcomes in clinical and radiological improvement, as well as adverse events.*

Keywords: *Septic Arthritis, Parenteral Antimicrobial Therapy, Outcome Comparison.*

1. Introduction

Septic arthritis in young infants is a critical condition that involves the inflammation of the synovial membrane and the accumulation of purulent fluid within the joint capsule, resulting from a suppurative infection. It is regarded as a medical emergency due to its potential to cause joint destruction and long-term dysfunction of the affected joint [1].

The disease is facilitated by the rich vascular network and the absence of a synovial basement membrane in the joints of young infants,

combined with their underdeveloped immune response. These factors allow the infection to progress rapidly and increase the likelihood of serious complications, including sepsis, osteomyelitis, meningitis, abscess formation, urinary tract infections, and damage to articular cartilage and ossification centers [2]. Infants and children experience a significantly higher incidence of septic arthritis because of the inherent vulnerabilities in their immune defense mechanisms [3]. This infection is considered one of the most severe deep-seated infections in this age group. On a global scale, the incidence is approximately 0.3 per 1000 live births, with a higher incidence of 0.6 per 1000 live births reported in India [1]. Septic arthritis can cause irreversible joint damage and severe disability if it is not identified quickly and treated appropriately [4].

The bacterial etiologies of septic arthritis vary according to the patient's age. In neonates, common pathogens include *Staphylococcus aureus*, Group B *Streptococcus*, and gram-negative enteric bacilli. After the neonatal period, *S. aureus* remains the most common pathogen. Other microorganisms responsible for septic arthritis can include Group A streptococci, *Streptococcus pneumoniae*, *Neisseria gonorrhoeae* (especially in neonates and sexually active adolescents), as well as mycobacteria or fungi in chronic infections [5]. In children younger than 5 years, *Kingella kingae* is a frequently identified pathogen, particularly in Israel. The clinical presentation of septic arthritis in infants typically includes localized symptoms such as joint pain, swelling, warmth, restricted movement, and pseudoparalysis (where the infant refuses to move the affected joint), in addition to systemic symptoms like fever, tachycardia, irritability, and loss of appetite [6]. The most frequently impacted joint is the knee, which is followed by the hip, shoulder, and ankle [7].

When it comes to treatment, there is ongoing debate regarding the optimal duration of antibiotic therapy for septic arthritis. Traditional guidelines recommend a 4-6 week course for osteomyelitis and at least three weeks for septic arthritis. However, recent studies suggest that shorter antibiotic courses may be effective, particularly in pediatric populations. Peltola et al. [8] found that most cases of childhood acute hematogenous osteomyelitis could be treated with a 20-day antibiotic regimen, which includes 3 days of intravenous therapy followed by 17 days of oral antibiotics, provided the clinical response is satisfactory. Additionally, Pääkkönen et al. [9] suggested that a 2-week treatment, with 2-4 days of intravenous antibiotics followed by 10-14 days of oral therapy, is sufficient for uncomplicated cases. Gjika et al. [10] showed that a 2-week course of targeted antibiotics after initial surgical lavage for septic arthritis was as effective as the traditional 4-week treatment. Furthermore, Gatto et al. [11] found that a shorter 2-week antibiotic regimen was effective for treating neonatal septic arthritis, especially in cases involving only a single joint. However, similar evaluations have not been conducted in Bangladeshi infants, highlighting the need for further research in this population. The purpose of this study is to compare the clinical and radiological outcomes of short-term versus long-term parenteral antimicrobial therapy for septic arthritis in young infants.

2. Objective

- The aim of the study was to compare the clinical and radiological outcomes of short-term versus long-term parenteral antimicrobial therapy in young infants with septic arthritis at a tertiary care hospital.

3. Methodology & Materials

This randomized controlled trial was conducted at the Department of Paediatrics, Dhaka Shishu Hospital, Dhaka, Bangladesh, from July 2021 to June 2023. A total of 69 infants diagnosed with septic arthritis were enrolled based on predefined inclusion and exclusion criteria. Participants were randomly assigned into two treatment groups to compare the outcomes of long-term versus short-term parenteral antibiotic therapy in the management of neonatal septic arthritis.

Inclusion Criteria

- Infants aged between 0 and 2 months
- Diagnosed with septic arthritis

Exclusion Criteria

- Infants with congenital syphilis
- Infants with major congenital malformations

The study variables included independent factors such as age, sex, gestational age, birth weight, clinical features, duration of illness, affected joint, blood culture results, ultrasonographic and radiological findings, and hematological parameters (CBC, CRP). Dependent variables were clinical improvement, hematological parameters at discharge and at 6 months,

radiological findings at 6 months, complications at 12 months, and the final outcome (favorable or unfavorable). Septic arthritis was defined by clinical signs of systemic infection with joint inflammation, confirmed by a positive sepsis screen, blood or joint fluid culture, microscopy, or radiological evidence. A CRP level of ≥5 mg/L was considered positive. A favorable outcome was defined as the absence of permanent joint deformity, stiffness, dislocation, or limb length discrepancy; unfavorable outcomes included the presence of any of these complications. Block randomization was used to allocate patients into Group A (long-term parenteral antibiotic therapy) or Group B (short-term therapy). Follow-up evaluations were conducted every three months for one year, including clinical assessments and radiographic evaluation at 12 months to assess for joint or limb abnormalities. Data analysis was performed using SPSS version 26, with descriptive statistics and inferential tests including Chi-square, Fisher's Exact, and Independent Sample t-tests. A p-value <0.05 was considered statistically significant. Ethical clearance was obtained from the Bangladesh Shishu Hospital and Institute's ethical committee, and informed written consent was secured from parents or legal guardians, with assurance of confidentiality and respect for participants' rights.

4. RESULTS

Table 1. *Baseline Characteristics of the Study Population (n=69)*

Variables		Group A (n=35)	Group B (n=34)	p value
Age group (in days)	0 to 15	9 (25.7%)	10 (29.4%)	0.888[a]
	16-30	15 (42.9%)	15 (44.1%)	
	31-42	11 (31.4%)	9 (26.5%)	
	Mean ± SD	22.7± 9.1	24.8 ±10.0	0.350[b]
Gender	Male	20 (57.1%)	18 (52.9%)	0.726
	Female	15 (42.9%)	16 (47.1%)	
Gestational age (in weeks)	32-36	19 (54.3%)	17 (50.0%)	0.722[a]
	37-42	16 (45.7%)	17 (50.0%)	
	Mean ± SD	36.2± 2.9	35.8 ±2.9	0.515[b]
Birth weight (in kgs)	<2.5	20 (57.1%)	14 (41.2%)	0.185[a]
	≥ 2.5	15 (42.1%)	20 (58.8%)	
	Mean ± SD	2.6± 0.6	2.6 ±0.5	0.578[b]

The baseline characteristics of the 69 infants enrolled in the study are summarized below. In terms of age distribution, 15 (42.9%) patients in Group A and 15 (44.1%) in Group B were in the 16–30 days category. The mean age was 22.7 ± 9.1 days in Group A and 24.8 ± 10.0 days in Group B, with no statistically significant difference (p = 0.350). Regarding gender, 20 (57.1%) in Group A and 18 (52.9%) in Group B were male, while 15 (42.9%) and 16 (47.1%) were female, respectively (p = 0.726). As for gestational age, 19 (54.3%) infants in Group A and 17 (50.0%) in Group B were born between 32–36 weeks, while 16 (45.7%) and 17 (50.0%) were born at term (37–42 weeks). The mean gestational age was 36.2 ± 2.9 weeks for Group A and 35.8 ± 2.9 weeks for Group B (p = 0.515). In terms of birth weight, 20 (57.1%) infants in Group A and 14 (41.2%) in Group B weighed less than 2.5 kg, while 15 (42.9%) and 20 (58.8%) weighed ≥2.5 kg. The mean birth weights were 2.6 ± 0.6 kg and 2.6 ± 0.5 kg, respectively (p = 0.578). No statistically significant differences were observed between the groups in any of these baseline variables.

Table 2. *Distribution of Patients by Readmission (n=69)*

Readmission	Group A (n=35)	Group B (n=34)	p value
Not readmitted	17 (48.6%)	14 (41.2%)	0.537[a]
Readmitted	18 (51.4%)	20 (58.8%)	

Table 2 shows that 18 patients (51.4%) in Group A and 20 patients (58.8%) in Group B were readmitted. The difference in readmission rates between the groups was not statistically significant (p = 0.537).

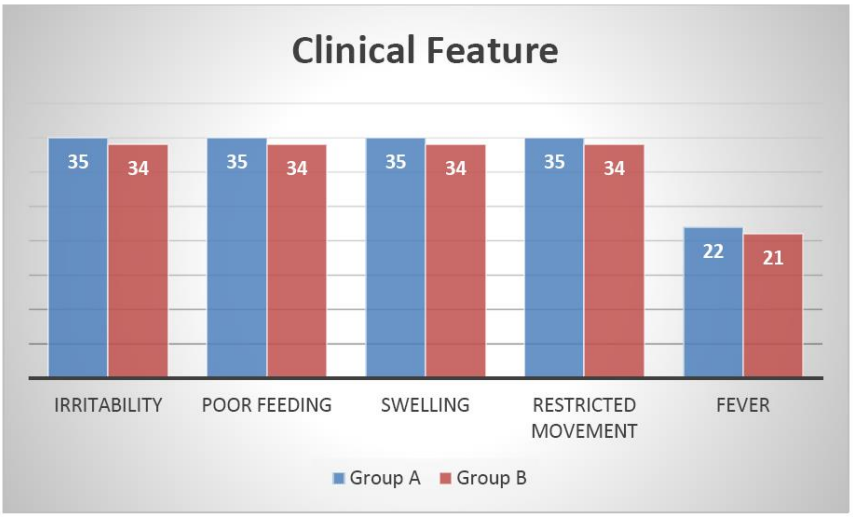

Figure 1. *Distribution of Patients by Clinical Features (n=69)*

All patients in both groups presented with irritability, poor feeding, swelling of the affected joint, and restricted movement. Fever was observed in 22 patients (62.8%) in Group A and 21 patients (61.8%) in Group B.

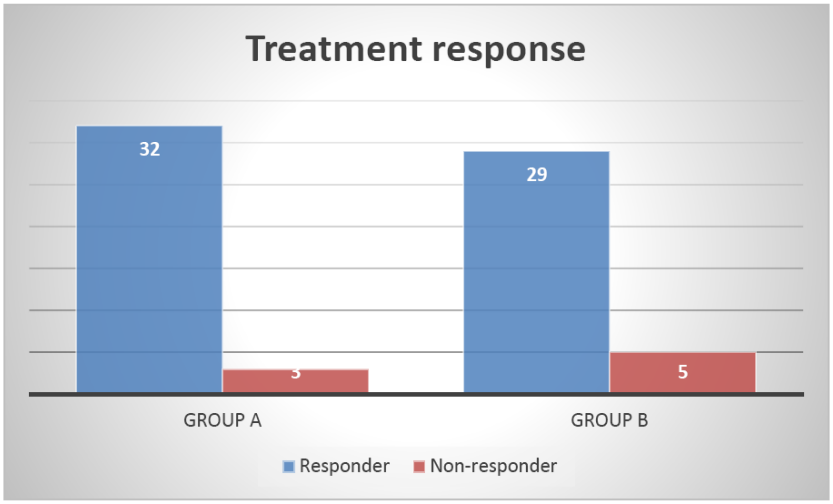

Figure 2. *Distribution of Patients by Treatment Response (n=69)*

Figure 2 illustrates that in Group A, 32 patients (91.4%) responded to therapy within 7 days, while in Group B, 29 patients (85.3%) responded to therapy within 14 days.

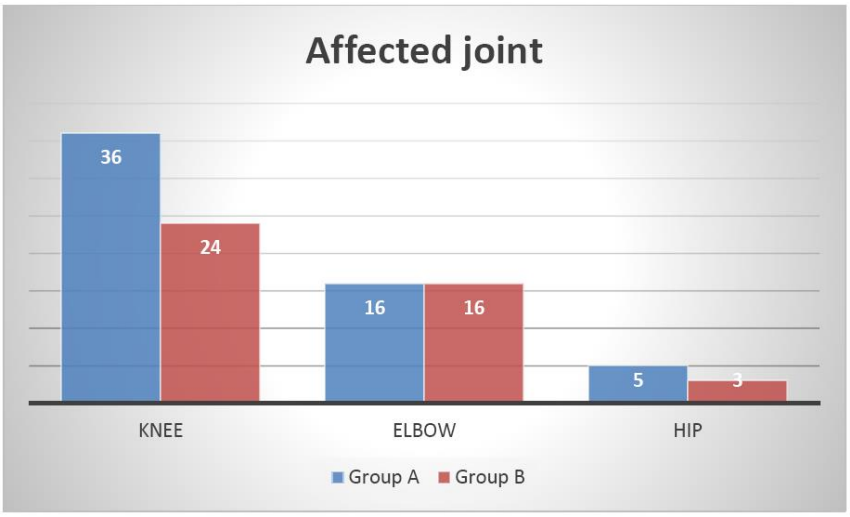

Figure 3. *Distribution of Patients by Affected Joint (n=138)*

In Group A, the knee was affected in 36 patients (51.4%), the elbow in 16 patients (22.8%), and the hip in 5 patients (7.1%). In Group B, the knee was affected in 24 patients (35.5%), the elbow in 16 patients (22.3%), and the hip in 3 patients (4.4%).

Table 3. *Distribution of Patients by Blood Culture at Baseline (n=69)*

Blood Culture	Group A (n=35)	Group B (n=34)	p value
Negative	27 (77.1%)	21 (61.8%)	0.197[a]
Positive	8 (22.9%)	13 (38.2%)	

Table 3 shows that 8 patients (22.9%) in Group A and 13 patients (38.2%) in Group B were positive for blood culture. The difference between the groups was not statistically significant (p = 0.197).

Table 4. *Distribution of Patients by Radiological Findings (at Baseline) (n=69)*

Radiological Finding	Group A (n = 35)	Group B (n = 34)	p-value
Soft tissue swelling	20 (57.1%)	18 (52.9%)	0.414[a]
Bony erosion	10 (28.6%)	7 (20.6%)	
Both soft tissue swelling and bony erosion	5 (14.3%)	9 (26.5%)	

Table 4 shows that in Group A, 20 patients (57.1%) had soft tissue swelling, 10 patients (28.6%) had bony erosion, and 5 patients (14.3%) had both soft tissue swelling and bony erosion. In Group B, 18 patients (52.9%) had soft tissue swelling, 7 patients (20.0%) had bony erosion, and 9 patients (26.5%) had both soft tissue swelling and bony erosion. There was no significant difference between the groups regarding radiological findings, with a p-value of 0.414.

Table 5. *Comparison of Hematological Parameters*

Parameter	Group AMean ± SD	Group BMean ± SD	p value
Hemoglobin at baseline (gm/dL)	13.1 ± 4.5	13.1 ± 3.4	0.961
Hemoglobin at discharge (gm/dL)	12.7 ± 3.5	12.8 ± 2.9	0.895
Hemoglobin at 6th month (gm/dL)	11.6 ± 1.7	12.0 ± 0.9	0.183
Total Leukocyte Count at baseline	14.5 ± 4.3	15.1 ± 7.9	0.710
Total Leukocyte Count at discharge	11.4 ± 3.0	12.2 ± 4.4	0.379
Total Leukocyte Count at 6th month	8.4 ± 1.2	8.8 ± 2.0	0.327
Neutrophil (%) at baseline	54.4 ± 18.7	53.9 ± 21.2	0.931
Neutrophil (%) at discharge	46.3 ± 10.2	48.1 ± 12.2	0.535
Neutrophil (%) at 6th month	45.1 ± 4.8	44.7 ± 4.9	0.806
Lymphocyte (%) at baseline	38.8 ± 15.7	39.4 ± 18.6	0.892
Lymphocyte (%) at discharge	40.8 ± 8.2	44.8 ± 13.2	0.145
Lymphocyte (%) at 6th month	44.1 ± 6.7	48.3 ± 8.4	0.029
Platelet Count at baseline (mcL)	417.5 ± 282.1	321.4 ± 197.7	0.123
Platelet Count at discharge (mcL)	315.6 ± 203.6	312.0 ± 191.0	0.942
Platelet Count at 6th month (mcL)	220.6 ± 66.6	220.6 ± 48.1	0.997
CRP at baseline (mg/L)	70.0 ± 40.2	80.7 ± 50.9	0.352
CRP at discharge (mg/L)	18.3 ± 13.9	21.1 ± 15.5	0.461
CRP at 6th month (mg/L)	5.6 ± 3.4	6.4 ± 2.3	0.309

Table 5 shows that there was no significant difference between the groups regarding hematological parameters at any time point, as the p-value was greater than 0.05.

Table 6. *Distribution of Patients by Final Outcome after One Year of Treatment (n=52)*

Final Outcome	Group A (n=27)	Group B (n=25)	p value
Improved	23 (85.2%)	20 (80.0%)	0.722[a]
Not improved	4 (14.8%)	5 (20.0%)	

Table 6 shows that the majority of patients in both groups exhibited clinical and radiological improvement after one year of treatment. However, 4 patients (14.8%) in Group A and 5 patients (20.0%) in Group B did not show improvement. The difference between the groups was not statistically significant (p = 0.722).

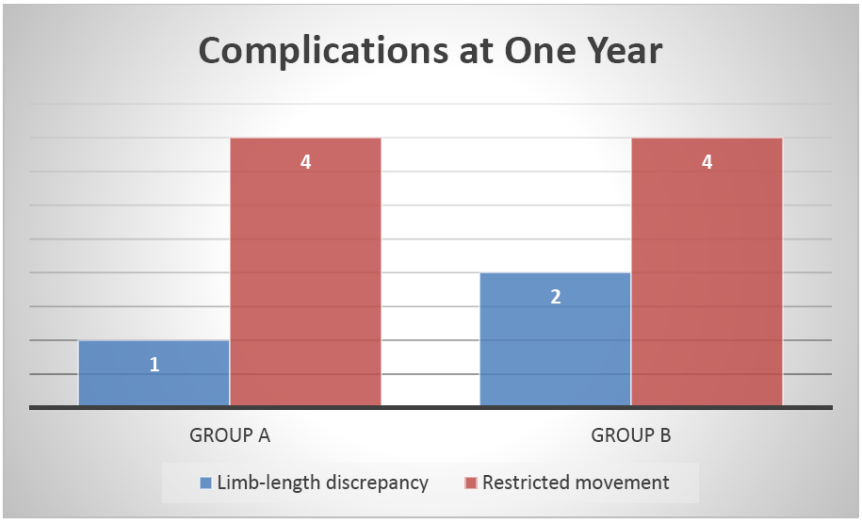

Figure 4. *Distribution of Patients by Complications (n=52)*

Figure 4 shows that in Group A, 1 patient (3.7%) had limb-length discrepancy and 4 patients (14.8%) experienced restricted movement. In Group B, 2 patients (8.0%) had limb-length discrepancy and 4 patients (16.0%) had restricted movement.

5. Discussion

Septic arthritis (SA) in infants is a medical emergency that can lead to irreversible joint damage—such as articular cartilage destruction, osteonecrosis, and permanent deformities—if not diagnosed early and treated appropriately. Although conventional treatment includes 3 to 6 weeks of antibiotics, the optimal duration of parenteral antibiotic therapy remains unclear. This study compared the effectiveness of short-term (1 week) versus long-term (2 weeks) parenteral antibiotic therapy in young infants diagnosed with septic arthritis.

The study population was predominantly composed of preterm male infants who presented with nonspecific symptoms such as irritability, poor feeding, joint swelling, and restricted movement. The knee was the most frequently involved joint, followed by the elbow and hip. These findings partially align with Li et al.[12], who also reported knee involvement as most common but identified the shoulder and hip more frequently than the elbow. In contrast, Devi et al.[3] and Jeyanthi et al.[13] found the hip to be most frequently affected, followed by the shoulder and knee. Such variations in joint involvement likely reflect differences in study populations and regional epidemiology.

In our study, about one-third of patients had positive blood cultures, with *Klebsiella pneumoniae* being the most commonly isolated organism. This corresponds with the findings reported by Sreenivas et al.[14] and highlights regional microbiological variations, as also suggested by Cohen et al.[15]. While *Staphylococcus aureus* remains the predominant pathogen globally, *Kingella kingae* has emerged as a key pathogen in children under four years, especially in settings where PCR-based diagnostics are available [4,13]

Most infants had radiological evidence of soft tissue swelling, and about one-quarter had bony erosions—findings similar to those reported by Devi et al. [3]. Laboratory parameters such as elevated C-reactive protein (CRP), white blood cell counts, and neutrophilia were consistent with findings by Kabak et al.[16], supporting their utility in initial assessment and monitoring response to therapy.

At baseline, no significant differences were observed in hematologic parameters between groups, and this trend continued through discharge and follow-up. By the third month, clinical improvement was seen in 83.9% of Group A and 78.6% of Group B. Radiological improvement by the sixth month was noted in 89.7% of Group A and 92.3% of Group B. At one year, most patients in both groups showed complete clinical and radiological resolution

(85.2% in Group A and 80.0% in Group B), indicating comparable outcomes regardless of initial parenteral antibiotic duration.

Despite the overall favorable outcomes, 17.3% of the 52 children followed up for one year developed long-term sequelae, including limb-length discrepancy and restricted joint movement. This finding is consistent with reports by Howard et al.[17] and Wang et al.[18], who observed sequelae rates of 10% and 17%, respectively, underscoring the importance of timely diagnosis and standardized care.

Global recommendations for treatment duration vary. While some guidelines suggest a 3–6-week antibiotic course [11], recent studies advocate for shorter durations in selected cases. Pääkkönen et al.[9] found that treatment courses of less than two weeks may be effective when high-dose, well-absorbed antimicrobials are used and clinical and CRP responses are favorable. Similarly, Uçkay et al.[19] and Gjika et al.[10] observed no increased recurrence with early transition to oral therapy, even in adults.

Our study supports this trend, demonstrating that short-term parenteral antibiotic therapy is not inferior to longer courses in managing septic arthritis in young infants. Importantly, shorter parenteral durations can reduce hospital stay, minimize intravenous access-related complications, and decrease healthcare costs without compromising clinical or radiological outcomes.

6. Limitations of the Study

This study had some limitations:

- The observation period was limited to 12 months.
- Joint fluid examination could not be performed on all affected joints.
- MRI was not conducted for all patients.

7. Conclusion

Short-term parenteral antibiotics are as effective as long-term parenteral antibiotics in the treatment of septic arthritis in young infants, with regard to clinical and radiological improvement, adverse events, or sequelae.

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