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【 PICTURES IN CLINICAL MEDICINE 】

Meningococcal Bursitis

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Key words: *Neisseria meningitidis*, meningococcemia, bursitis, septic bursitis

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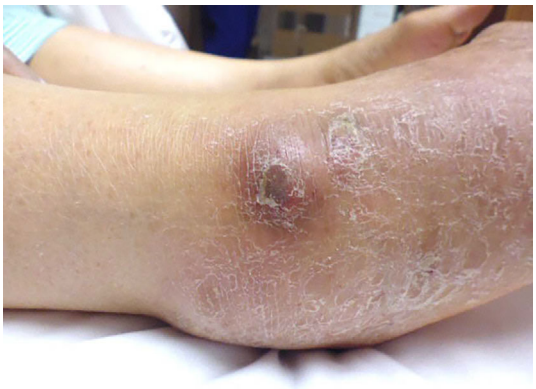
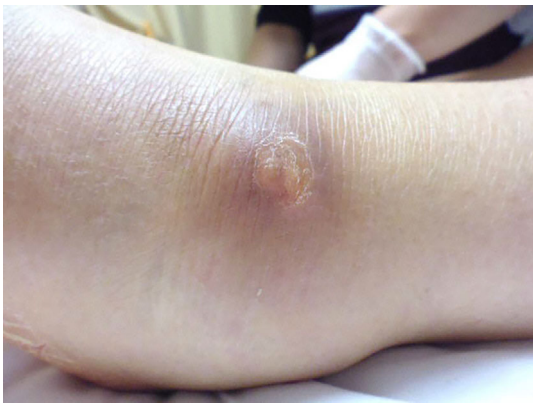
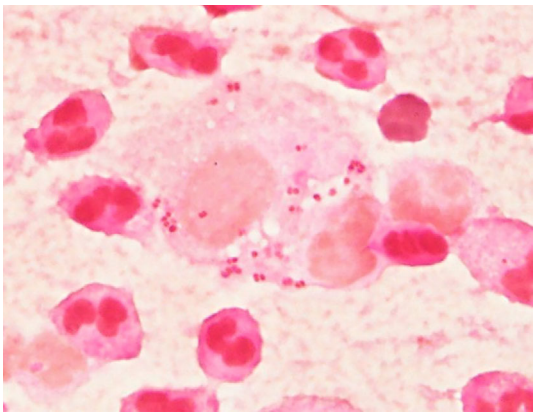


Picture 1.



Picture 2.



Picture 3.

A healthy 72-year-old Japanese woman complained of a chilly sensation and arthralgia for the previous 4 days. She had a fever (37.7°C); a physical examination revealed bilateral swollen ankle bursae (Picture 1, 2). Thrombocytopenia (3.1×10^4/μL) and an elevated C-reactive protein level (29.23 mg/dL) were observed. Gram staining of the bursa fluid obtained by aspiration showed Gram-negative cocci (Picture 3). Blood and bursa fluid cultures revealed *Neisseria meningitidis*. Meningococcemia and septic bursitis were diagnosed. No risk factors, such as complement deficiency or anatomic or functional asplenia, for meningococcal disease were noted. Ceftriaxone was administered for 14 days. Septic bursitis typically results from skin injury or trauma but rarely from bacteremia, as observed in this case. Septic bursitis is most commonly caused by *Staphylococcus aureus* (1, 2), and onset due to other bacteria is rare, with no cases of septic bursitis due to *Neisseria meningitidis* having been reported. Aspiration of the swollen bursa is necessary to confirm the diagnosis of septic bursitis.

The authors state that they have no Conflict of Interest (COI).

References

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