

Facet joint septic arthritis

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[Septic arthritis](#) of the [spinal facet joint](#), also known as [facet joint septic arthritis](#) or infectious facet joint arthritis, is a rare but serious condition characterized by bacterial infection within the facet joint of the spine. It typically occurs as a result of hematogenous spread from a distant infection or through direct inoculation during spinal procedures or trauma.

Symptoms of septic arthritis of the spinal facet joint may include severe back pain localized to the affected area, swelling, warmth, redness, and limited range of motion in the spine. Fever and signs of systemic infection, such as chills and malaise, may also be present.

Diagnosis is often made through a combination of clinical evaluation, imaging studies such as MRI or CT scans, and analysis of joint fluid obtained through aspiration. Treatment typically involves antibiotics to target the underlying bacterial infection, along with rest, immobilization of the affected area, and sometimes drainage of the infected joint fluid.

Prompt diagnosis and treatment are essential to prevent complications such as joint destruction, spinal instability, neurological deficits, or systemic spread of infection. In severe cases, surgical intervention may be necessary to remove infected tissue or stabilize the spine.

Septic arthritis of the spinal facet joints is increasingly recognized in the era of magnetic resonance imaging, but its epidemiology, clinical features, management, and prognosis are ill-defined.

Ross et al. reviewed 101 previously published cases and report 16 cases occurring between 2006 and 2018.

Most patients presented with [fever](#) (60%) and back or [neck pain](#) (86%). Radiation into the hip, buttock, or limb was present in 34%. The lumbosacral vertebral segments were involved in 78% of cases. Most cases (64%) were due to *Staphylococcus aureus*. Bacteremia was present in 66% and paraspinal muscle abscesses in 54%. While epidural abscesses were present in 56%, neurologic complications were seen in only 9%, likely because most abscesses arose below the conus medullaris. Neurologic complications were more common with cervical or thoracic involvement than lumbosacral

(32% vs 2%, $P < .0001$). Extraspinal infection, such as endocarditis, was identified in only 22% of cases. An overall 98% of patients survived, with only 5% having neurologic sequelae.

Septic arthritis of the facet joint is a distinct clinical syndrome typically involving the lumbar spine and is frequently associated with [bacteremia](#), posterior epidural abscesses, and paraspinal [pyomyositis](#). Neurologic outcomes are usually good with medical management alone ¹⁾

¹⁾

Ross JJ, Ard KL. Septic Arthritis of the Spinal Facet Joint: Review of 117 Cases. Open Forum Infect Dis. 2024 Feb 14;11(3):ofae091. doi: 10.1093/ofid/ofae091. PMID: 38449920; PMCID: PMC10917203.

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