

Evaluation of new anti-infective drugs for the treatment of acute suppurative arthritis in children.

Infectious Diseases Society of America and the Food and Drug Administration.

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Publication year: 1992

Journal: Clinical infectious diseases : an official publication of the Infectious Diseases Society of America

Authors: Department of Pediatrics, University of Texas, Southwestern Medical Center, Dallas 75235.

Society: Infectious Diseases Society of America

Origin country: United States

Target countries: United States

DOI: 10.1093/clind/15.supplement_1.s172

PMID: 1477226

Source: <https://pubmed.ncbi.nlm.nih.gov/1477226/>

Diagnostic criteria for bacterial suppurative arthritis include the demonstration of an inflammatory exudate by aspiration of synovial fluid and the isolation of bacteria from cultures of synovial fluid and/or blood. Clinical manifestations include joint effusion, swelling, tenderness, and pain, with or without redness of the overlying skin. Management consists of antimicrobial therapy, measures designed to relieve symptoms, surgical drainage of infected fluid, and physical therapy. Studies of new anti-infective therapy should be limited to cases of bacterial origin. Prospective, randomized, double-blind, or evaluator-blinded, active-control comparative clinical trials should be performed. Clinical response is characterized as success (cure), failure, or indeterminate outcome. The most common successful microbiological outcome is presumptive eradication. Follow-up should continue for 1 year before the final assessment.