**Morganella morganii-Associated Arthritis in a Diabetic Patient**

*Morganella morganii* is a rare etiologic agent of septic arthritis (1–3; M. P. Jarrett and A. I. Grayzel, Letter, Arthritis Rheum. 23:128-129, 1980). In 1980, a 75-year-old man with a history of osteoarthritis had the first case of *M. morganii* septic arthritis of the knee. He responded to intravenous antibiotics, but his course was complicated by the development of synovitis secondary to gout and pseudogout (Jarrett and Grayzel, letter). The second case, in 1986, was that of a 53-year-old woman with severely deforming rheumatoid arthritis who responded well to antibiotics and closed drainage and subsequently underwent successful arthroplasty (1). The third case report described a 95-year-old man with a history of recurrent rectal adenocarcinoma who was hospitalized for evaluation of a persistent right shoulder effusion. The patient had slow resolution of the joint effusion when treated with antibiotics (3).

Our patient was a 60-year-old man with a known case of diabetes mellitus and peptic ulceration who presented with a swollen knee and a discharging sinus for the last 1.5 months. There was no history of trauma, and he denied having fevers, chills, rigors, rash, or malaise. On examination, there was a discharging sinus with an ulcer 3 by 3cm in size on the anterior aspect of the right knee. There was marked limitation of motion, with limitation of flexion to 50 to 70°. Pus exuded from the sinus was cultured and grew *M. morganii*. Laboratory data included a hematocrit value of 38%, a white blood cell count of 9,000 cells/mm³ (74% polymorphonuclear cells and 12% lymphocytes), and a fasting blood sugar level of 160 mg% (normal value, 80 to 100 mg%). Roentgenograms showed degenerative changes with widening of the joint space and periarticular soft-tissue swelling. The patient was treated with drainage of the swelling and the antibiotics to which the organism was sensitive in vitro. The swelling and the antibiotics to which the organism was sensitive were 80 to 100 mg%.

In contrast to infections caused by *P. mirabilis* and *M. morganii* infections may be culture positive and show few articular or systemic symptoms or signs of infection. Patients with gram-negative infections usually develop warm, erythematous, painful joints associated with fever and peripheral leukocytosis. However, patients with *Proteus mirabilis* and *M. morganii* infections may be culture positive and show few articular or systemic symptoms or signs of infection.

Patients with gram-negative infections usually develop warm, erythematous, painful joints associated with fever and peripheral leukocytosis. However, patients with *Proteus mirabilis* and *M. morganii* infections may be culture positive and show few articular or systemic symptoms or signs of infection. However, nature took its own course when the patient developed a peptic ulcer perforation and succumbed to it.

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**REFERENCES**


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