AN OVERVIEW OF SEPTIC ARTHRITIS SURGICAL TREATMENT THE LAST 10 YEARS.

Luiz Valério Costa Vasconcelos (Universidade de Fortaleza (Unifor), Fortaleza, CE, Brasil), Igor Quezado Araújo De Andrade (Universidade de Fortaleza (Unifor), Fortaleza, CE, Brasil), Leonardo Barros Bastos (Universidade de Fortaleza (Unifor), Fortaleza, CE, Brasil), John Kennedy Torres De Alencar (Universidade de Fortaleza (Unifor), Fortaleza, CE, Brasil), Fernando Parahyba Diogo De Siqueira (Universidade de Fortaleza (Unifor), Fortaleza, CE, Brasil), Camille Mapurunga Tavares (Centro Universitário Christus (Unichristus), Fortaleza, CE, Brasil), Marina Isidório Cruz Macêdo (Universidade de Fortaleza (Unifor), Fortaleza, CE, Brasil), Ana Clara De Fátima Marques Pimentel (Universidade de Fortaleza (Unifor), Fortaleza, CE, Brasil)

BACKGROUND

INTRODUCTION: Septic (infectious) arthritis is the invasion of a joint by an infectious agent and it may lead to permanent joint damage - in cartilage and ligaments. Septic arthritis is characterized by its presentation as either acute or chronic depending on the infectious organism that invades the joint, being the chronic type caused mainly by Mycobacterium tuberculosis. In order to diagnose and treat the condition, careful inspection should be made so the patient has a good life quality.

MATERIALS AND METHODS

METHODOLOGY: Epidemiological, descriptive and retrospective study, whose data was collected from Hospital Information System (SIH/SUS) from January/2009 to January/2019 by analyzing the variables: age group, geographic region, deaths, hospitalization and mortality rate.

RESULTS

RESULTS: According to DATASUS, from January/2009 to January/2019, there were 44,156 hospitalizations: 16,707 in the Southeast region, 12,502 Northeast, 8,222 in the South, 4,160 in the Center-west and 2,565 in the North, being this the smallest number when compared to the other regions of Brazil. There were 679 deaths reported in the country, being the Southeast the region with greater number of deaths: 383. The North presented 105 deaths; South presented 111 deaths, the Center-west presented 60 fatalities and the North presented 20 fatalities – the smallest number of deaths the last 10 years. In relation to mortality rate, the larger proportion was observed in the Southeast region: 2.29%. In the other regions we have: Center-west with 1.44%, South with 1.35%, Northeast with 0.84% and North with 0.78%.

CONCLUSION

CONCLUSION: The Southeast was the region that presented the greatest number of hospitalization (16,707). In sequence we have Northeast (12,502), South (8,222), Center-west (4,160) and North (2,565), which presented the smallest number of hospitalizations. About deaths reported, the Southeast is the region which presents the greatest number of fatalities (383), while the North is the region which presents the smallest number of deaths (20). This pattern is also observed in the mortality rate analysis: the Southeast presents a rate of 2.29% and the North presents a rate of 0.78%. It is clear the importance of intervention by the health care system in the Southeast region, which presented the highest level of the disease incidence by hospitalization.