

Bone and Joint Infections Caused by *Staphylococcus lugdunensis*: Report of 2 Cases and Review of the Literature.

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Abstract:

Staphylococcus lugdunensis is a coagulase-negative *Staphylococcus* with increasingly frequent recognition as an invasive pathogen with virulence properties more similar to those of *Staphylococcus aureus* than to those of *Staphylococcus epidermidis*. *Staphylococcus lugdunensis* is most frequently described as a cause of bacteremia and infective endocarditis. We report 2 patients with bone and joint infections due to *S. lugdunensis* and review the literature describing such illnesses. Case 1 is that of an 81-year-old woman with chronic back pain due to lumbar spinal stenosis who had rapidly progressive low back pain over the 2-week interval. She developed bacteremic L2-3 spondylodiscitis with contiguous osteomyelitis of distal L2 end plate and proximal L3 end plate. *Staphylococcus lugdunensis* was isolated from 2 sets of blood cultures and from a computed tomographic-guided aspirate of the L2-3 disk space. The patient was treated with 8 weeks of intravenous vancomycin and oral rifampin, with rapid resolution of back pain and return to baseline status. Case 2 is that of a 63-year-old man with osteoarthritis of the right knee who underwent outpatient arthroscopic surgery, at which time, he had a partial meniscectomy and chondroplasty. He subsequently developed postoperative septic arthritis due to *S. lugdunensis* treated with arthrocentesis, followed by arthroscopic washout together with 3 weeks of intravenous vancomycin and intravenous rifampin followed by 3 weeks of oral antibiotic therapy.