

POSTER PRESENTATION

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Reiter's syndrome following *Salmonella* infection

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Background

Reactive arthritis, Reiter's syndrome is one of the seronegative arthropathies, that can be associated with intestinal infections (*Shigella*, *Salmonella*, *Yersinia*, *Campylobacter jejuni*, *Clostridium difficile*), sexual infections (*Chlamydia trachomatis*, *Ureaplasma urealyticum*) and lung infections (*Chlamydia pneumoniae*, *Mycoplasma pneumoniae*). Reiter's syndrome is an arthritis that occurs 1-4 weeks in response to an infection with a specific organism with urogenital or enteral gate, especially in HLA-B27 positive individuals.

Case report

We present the case of a patient of 34 years, from a family outbreak of food-borne *Salmonella* infection, presented 10 days after discharge from the Department of Infectious Diseases Oradea after treatment with ampicillin 4 g/day and ciprofloxacin 1 g/day, with a fever, swelling of the right ankle and left knee, accompanied by secondary functional impotence at this level and conjunctivitis. Biological: inflammatory syndrome, minimum elevated liver enzymes, negative rheumatoid factor, normal joint radiography, HLA B 27 positive; abdominal CT showed retroperitoneal inflammatory lymphadenopathy. Under antibiotic therapy, corticosteroid, anti-inflammatory and hepatoprotectives, evolution was undulating, with three episodes of relapse within 6 months.

Conclusion

Antibiotic treatment during both acute infection and Reiter's syndrome shortened the evolution period in this case.

Consent

Written informed consent was obtained from the patient for publication of this Case report and any accompanying images. A copy of the written consent is available for review by the Editor of this journal.

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