Septic arthritis of the knee caused by cupping (Hijama)

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Hijama (cupping) is a traditional procedure that involves using special cups to alleviate pain.¹ It is not approved for the treatment of any medical condition.² As the relationship between the therapy and septic arthritis has not been addressed clearly in the literature, we present a case of septic arthritis of the knee induced by Hijama therapy.

A 46-year-old male, previously healthy, presented to the clinic in Beirut, Lebanon, with a 2-week history of acute left knee pain and swelling. The patient reported that he underwent Hijama therapy 1 week prior to the onset of symptoms. There was no other past history of note.

Physical examination revealed a large effusion of the left knee (Figure 1). A total of 10 ml of cloudy fluid was aspirated from the knee. The fluid revealed a white blood cell count of 40,473 cells/µl with 95% neutrophils. The culture grew $Staphylococcus\ aureus$ sensitive to methicillin. A diagnosis of septic arthritis post Hijama therapy was made, and the patient was started on intravenous antibiotics.

Septic arthritis refers to an infection in a joint due to a bacterial, viral or fungal organism. The most common organism identified in septic arthritis in adults is *S. aureus*, responsible for around 37–56% of cases.³

There has been a growing body of evidence suggesting that Hijama therapy predisposes to a variety of bloodborne infections, including hepatitis C. A meta-analysis by El-Ghitany et al.⁴ concluded that Hijama is a significant risk factor for transmission of hepatitis C infection. Since Hijama

Figure 1 Swollen left knee with skin lacerations on the thigh and the knee 3 weeks after wet-cupping therapy



contributes to the transmission of hepatitis C infection in Saudi Arabia, proper infection control practice has been

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emphasised in wet-cupping therapy settings. 5 Herpes simplex virus infection of the skin has been reported to occur secondary to cupping therapy.6

In our patient, there was no obvious preceding infection. The patient presented with a swollen and tender knee 1 week after receiving wet-cupping therapy. Infections originating from the skin lesions could pass through the bloodstream into other sites, such as the joint, leading to septic arthritis.

Our paper emphasises that potential serious complications could follow cupping therapy, especially the blood-letting type. Fever and a swollen joint following a cupping session should raise suspicion for septic arthritis. Wet-cupping practitioners should practice under aseptic conditions. (1)

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