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**Abstract**

**Introduction**  
Osteoarticular infections (OAI) are a major concern in rheumatology due to their functional impact and the diversity of pathogens involved. Early diagnosis and appropriate management are crucial to limiting complications.

**Objective**  
To evaluate the epidemiological, clinical, biological, and etiological profile of OAI managed in a rheumatology department over 10 years.

**Method**  
This retrospective study analyzed medical records of patients hospitalized for OAI between 2014 and 2024 in a rheumatology department. Data collected included demographic characteristics, medical history, clinical signs, biological and microbiological findings, and treatment outcomes.

**Results**  
A total of 120 patients from various regions were included, with a mean age of 48.28 ± 19.2 years and a female predominance (56.3%). The main risk factors identified were diabetes (16.7%), rheumatic diseases (4.2%), and immunosuppression (7.5%). Tuberculosis exposure was reported in 10.4% of cases, while 16.7% had brucellosis exposure.

Tuberculous OAI accounted for 67.5% of cases, while common bacterial infections represented 29.16% and brucellar infections 3.3%. The most frequent locations were spondylodiscitis (53.8%), septic arthritis (30%), and osteomyelitis (1.7%). Fever was present in 65.8% of cases, and neurological symptoms in 27.7% of spondylodiscitis cases. The average diagnostic delay was 181 days for spondylodiscitis and 158 days for septic arthritis.

Elevated CRP was observed in 83.3% of cases, and leukocytosis in 48.57% of bacterial infections. A positive tuberculin skin test was noted in 30.86% of patients. Diagnosis was confirmed in only 43.3% of cases, including 14.2% by joint culture and 24.2% by biopsy. Before treatment initiation, 24.17% of patients had developed local complications. Nevertheless, appropriate antibiotic therapy resulted in favorable outcomes in 99.07% of cases.

**Conclusion**  
OAI, particularly tuberculous and spondylodiscitic forms, remain frequent and pose a significant diagnostic challenge due to their often insidious presentation and delayed diagnosis. The low sensitivity of microbiological tests further complicates pathogen identification, often requiring a combined approach, including bone biopsy. Greater awareness of risk factors and clinical signs, along with improved diagnostic tools, is essential to enhance patient management and reduce complications

