



**Acutely Swollen Joint or painful hip**

If Hip pain

See also Hip pain guidelines

History of injury?

Yes

**TRAUMATIC**

Uncommon in the very young child  
Diagnose with caution if the acute event not painful enough to prevent activity immediately.  
Ix' Xrays

**ACUTE JOINT BLEED (esp if young)**

May be the first manifestation of haemophilia in the young child.  
Presentation may be with pain and swelling following minor trauma  
Ix' Coagulation studies

Significant Pain and Fever?

Yes

**SEPTIC ARTHRITIS**

Ix' FBE/ESR/Blood culture/ Joint aspiration-M/C/S. Consider X-ray

Resent Diarrhoea?  
Viral illness?  
Tonsillitis?

Yes

**REACTIVE/POST INFECTIVE**

Usually a monoarthritis of large joints  
If polyarticular and migratory consider Rheumatic fever  
Typical viruses Parvovirus/Rubella/EBV/Mumps  
Typical gut agents Salmonella/Shigella/Campylobacter  
Onset 7-14 days after acute illness  
Associated conjunctivitis/sterile urethritis suggest Reiters syndrome  
Fever may be absent  
Ix' FBE/ESR/Serum to Store (3-5ml)  
Stool culture/Throat swab/Urinalysis (if appropriate history)

History of IBD?

Yes

Usually a monoarthritis of large joints  
Peripheral arthritis in IBD usually reflects activity of bowel disease  
Ix' FBE/ESR/Serum Albumin/Stool microscopy

Rash present?  
(palpable or on extensor surfaces)

Yes

**VASCULITIS**

Commonest Henoch-Schonlein Purpura  
Ix' FBE/ESR

Recent Drug ingestion?

Yes

**SERUM SICKNESS**

Often associated urticarial rash  
eg cefaclor

Bone Pain?  
Lymphadenopathy?  
Hepatosplenomegaly?

Yes

**MALIGNANCY**

eg Leukaemia/ Neuroblastoma  
may present with true joint swelling +/- pain  
Often constitutional symptoms such as fever lethargy.  
Ix' FBE/ESR/XRays

Present >6 weeks?  
Morning irritability/stiffness?  
Gradual refusal to participate in usual activities?

Yes

**JUVENILE CHRONIC ARTHRITIS**

Peak age 1-5 yr  
Pain often surprisingly little compared with other causes of acute joint  
May affect any joint and multiple joints.  
Rarely presents in the hip as a first manifestation.  
Ix: FBE/ESR/Serum to Store

**NO CLEAR DIAGNOSIS**

Yes

1. Symptomatic Treatment with NSAIDs
2. Organise on-going review