­ICD10 M-series

## M00.0 Staphylococcal arthritis and polyarthritis

1. Patient underwent surgical intervention for Staphylococcal arthritis and polyarthritis. Joint aspiration performed to obtain synovial fluid for analysis. Debridement and irrigation carried out to remove infected tissue. Intraoperative cultures obtained for microbiological analysis. Wounds closed meticulously, and sterile dressings applied. Post-operative antibiotics prescribed for targeted therapy. Patient educated on joint care and advised regular follow-up visits. Adequate hemostasis achieved, and surgical site dressed appropriately. Informed consent obtained, and aseptic techniques followed throughout the procedure.
2. Operative note: Patient presented with Staphylococcal arthritis and polyarthritis. Joint aspiration performed to analyze synovial fluid. Surgical debridement and irrigation conducted to remove infected tissue. Intraoperative cultures obtained for microbiological analysis. Wounds closed meticulously, and sterile dressings applied. Post-operative antibiotics prescribed for targeted treatment. Patient counseled on joint care and advised regular follow-up visits. Hemostasis achieved, and appropriate dressing applied. Informed consent obtained. Prognosis discussed with patient and family.
3. Operative intervention performed for Staphylococcal arthritis and polyarthritis. Joint aspiration carried out to obtain synovial fluid for analysis. Debridement and irrigation conducted to remove infected tissue. Wounds closed meticulously, and sterile dressings applied. Intraoperative cultures obtained for microbiological analysis. Post-operative antibiotics prescribed based on sensitivity testing. Patient instructed on joint care and advised regular follow-up visits. Adequate hemostasis achieved, and surgical site dressed appropriately. Informed consent obtained, and aseptic techniques followed throughout the procedure.
4. Patient underwent surgical management for Staphylococcal arthritis and polyarthritis. Joint aspiration performed to analyze synovial fluid. Surgical debridement and irrigation conducted to remove infected tissue. Wounds closed meticulously, and sterile dressings applied. Intraoperative cultures obtained for microbiological analysis. Post-operative antibiotics prescribed for targeted therapy. Patient educated on joint care and advised regular follow-up visits. Adequate hemostasis achieved, and appropriate dressing applied. Informed consent obtained, and aseptic techniques followed throughout the procedure.
5. Surgical intervention performed for Staphylococcal arthritis and polyarthritis. Joint aspiration conducted to obtain synovial fluid for analysis. Debridement and irrigation carried out to remove infected tissue. Wounds closed meticulously, and sterile dressings applied. Intraoperative cultures obtained for microbiological analysis. Post-operative antibiotics prescribed for targeted treatment. Patient counseled on joint care and advised regular follow-up visits. Adequate hemostasis achieved, and surgical site dressed appropriately. Informed consent obtained, and aseptic techniques followed throughout the procedure.
6. Operative note: Patient diagnosed with Staphylococcal arthritis and polyarthritis. Joint aspiration performed to analyze synovial fluid. Surgical debridement and irrigation conducted to remove infected tissue. Intraoperative cultures obtained for microbiological analysis. Wounds closed meticulously, and sterile dressings applied. Post-operative antibiotics prescribed for targeted therapy. Patient educated on joint care and advised regular follow-up visits. Hemostasis achieved, and appropriate dressing applied. Informed consent obtained. Prophylactic antibiotics administered pre-operatively. Prognosis discussed with patient and family.
7. Patient underwent surgical management for Staphylococcal arthritis and polyarthritis. Joint aspiration performed to analyze synovial fluid. Surgical debridement and irrigation conducted to remove infected tissue. Wounds closed meticulously, and sterile dressings applied. Intraoperative cultures obtained for microbiological analysis. Post-operative antibiotics prescribed for targeted therapy. Patient instructed on joint care and advised regular follow-up visits. Adequate hemostasis achieved, and surgical site dressed appropriately. Informed consent obtained, and aseptic techniques followed throughout the procedure. Prognosis discussed with patient and family.
8. Operative intervention performed for Staphylococcal arthritis and polyarthritis. Joint aspiration carried out to obtain synovial fluid for analysis. Debridement and irrigation conducted to remove infected tissue. Wounds closed meticulously, and sterile dressings applied. Intraoperative cultures obtained for microbiological analysis. Post-operative antibiotics prescribed based on sensitivity testing. Patient educated on joint care and advised regular follow-up visits. Adequate hemostasis achieved, and surgical site dressed appropriately. Informed consent obtained, and aseptic techniques followed throughout the procedure.
9. Patient underwent surgical management for Staphylococcal arthritis and polyarthritis. Joint aspiration performed to analyze synovial fluid. Surgical debridement and irrigation conducted to remove infected tissue. Wounds closed meticulously, and sterile dressings applied. Intraoperative cultures obtained for microbiological analysis. Post-operative antibiotics prescribed for targeted therapy. Patient counseled on joint care and advised regular follow-up visits. Adequate hemostasis achieved, and appropriate dressing applied. Informed consent obtained, and aseptic techniques followed throughout the procedure.
10. Operative note: Patient diagnosed with Staphylococcal arthritis and polyarthritis. Joint aspiration performed to analyze synovial fluid. Surgical debridement and irrigation conducted to remove infected tissue. Intraoperative cultures obtained for microbiological analysis. Wounds closed meticulously, and sterile dressings applied. Post-operative antibiotics prescribed for targeted therapy. Patient educated on joint care and advised regular follow-up visits. Hemostasis achieved, and appropriate dressing applied. Informed consent obtained. Prophylactic antibiotics administered pre-operatively. Prognosis discussed with patient and family.
11. Patient underwent surgical intervention for Staphylococcal arthritis and polyarthritis. Arthroscopic debridement and lavage performed on affected joints. Synovial fluid samples obtained for analysis and culture. Joint surfaces inspected for damage. Intraoperative findings confirmed the presence of purulent fluid and synovitis. Wound closed with sutures and sterile dressings applied. Post-operative antibiotics prescribed. Patient advised on joint protection and rehabilitation. Follow-up scheduled for monitoring of symptoms and treatment response.
12. Operative note: Surgical management of Staphylococcal arthritis and polyarthritis. Arthroscopic debridement and lavage performed on affected joints. Synovial fluid samples obtained for analysis and culture. Intraoperative examination revealed signs of synovitis and purulent fluid. Wound closed meticulously. Post-operative antibiotics initiated. Patient educated on joint protection and referred for physical therapy. Follow-up arranged for monitoring of symptoms and treatment efficacy.
13. Operative intervention carried out for Staphylococcal arthritis and polyarthritis. Arthroscopic debridement and irrigation performed on affected joints. Synovial fluid aspirated and sent for analysis and culture. Intraoperative findings consistent with purulent joint inflammation. Wound closed using sutures. Post-operative antibiotic therapy initiated. Patient instructed on joint protection and referred for rehabilitation. Follow-up scheduled for evaluation of symptoms and treatment progress.
14. Surgical management performed for Staphylococcal arthritis and polyarthritis. Arthroscopic debridement and lavage conducted on affected joints. Synovial fluid samples obtained for analysis and culture. Intraoperative assessment revealed purulent joint effusion and synovitis. Wound closed meticulously. Post-operative antibiotic regimen initiated. Patient counseled on joint protection and referred for physical therapy. Follow-up appointments arranged to monitor symptoms and response to treatment.
15. Operative note: Surgical intervention for Staphylococcal arthritis and polyarthritis. Arthroscopic debridement and lavage carried out on affected joints. Synovial fluid samples obtained for analysis and culture. Intraoperative examination revealed purulent synovitis. Wound closed meticulously. Post-operative antibiotic treatment initiated. Patient educated on joint protection measures and referred for rehabilitation. Follow-up visits scheduled for symptom evaluation and treatment optimization.
16. Patient underwent surgical management for Staphylococcal arthritis and polyarthritis. Arthroscopic debridement and irrigation performed on affected joints. Synovial fluid samples obtained for analysis and culture. Intraoperative findings consistent with purulent joint inflammation and synovitis. Wound closed meticulously. Post-operative antibiotic therapy initiated. Patient instructed on joint protection and referred for physical therapy. Follow-up appointments scheduled for symptom monitoring and treatment assessment.
17. Operative intervention performed for Staphylococcal arthritis and polyarthritis. Arthroscopic debridement and lavage conducted on affected joints. Synovial fluid aspirated for analysis and culture. Intraoperative examination revealed purulent joint effusion and synovitis. Wound closed meticulously. Post-operative antibiotic regimen initiated. Patient counseled on joint protection and referred for rehabilitation. Follow-up appointments arranged to monitor symptoms and response to treatment.
18. Surgical management carried out for Staphylococcal arthritis and polyarthritis. Arthroscopic debridement and irrigation performed on affected joints. Synovial fluid samples obtained for analysis and culture. Intraoperative findings consistent with purulent joint inflammation. Wound closed using sutures. Post-operative antibiotic therapy initiated. Patient educated on joint protection and referred for physical therapy. Follow-up visits scheduled for symptom evaluation and treatment optimization.
19. Operative note: Surgical intervention for Staphylococcal arthritis and polyarthritis. Arthroscopic debridement and lavage carried out on affected joints. Synovial fluid samples obtained for analysis and culture. Intraoperative examination revealed purulent synovitis. Wound closed meticulously. Post-operative antibiotic treatment initiated. Patient educated on joint protection measures and referred for rehabilitation. Follow-up visits scheduled for symptom monitoring and treatment assessment.
20. Patient underwent surgical management for Staphylococcal arthritis and polyarthritis. Arthroscopic debridement and irrigation performed on affected joints. Synovial fluid samples obtained for analysis and culture. Intraoperative findings consistent with purulent joint inflammation and synovitis. Wound closed meticulously. Post-operative antibiotic therapy initiated. Patient instructed on joint protection and referred for physical therapy. Follow-up appointments scheduled for symptom monitoring and treatment assessment.

## M00.1 Pneumococcal arthritis and polyarthritis

1. Patient underwent surgical intervention for Pneumococcal arthritis and polyarthritis. Arthroscopic debridement and lavage performed on affected joints. Synovial fluid samples obtained for analysis and culture. Intraoperative findings confirmed the presence of inflammatory joint effusion. Wound closed with sutures and sterile dressings applied. Post-operative antibiotics prescribed. Patient advised on joint protection and referred for physical therapy. Follow-up scheduled for monitoring of symptoms and treatment response.

2. Operative note: Surgical management of Pneumococcal arthritis and polyarthritis. Arthroscopic debridement and lavage performed on affected joints. Synovial fluid samples obtained for analysis and culture. Intraoperative examination revealed signs of inflammatory joint effusion. Wound closed meticulously. Post-operative antibiotics initiated. Patient educated on joint protection and referred for physical therapy. Follow-up arranged for monitoring of symptoms and treatment efficacy.

3. Operative intervention carried out for Pneumococcal arthritis and polyarthritis. Arthroscopic debridement and irrigation performed on affected joints. Synovial fluid aspirated and sent for analysis and culture. Intraoperative findings consistent with inflammatory joint effusion. Wound closed using sutures. Post-operative antibiotic therapy initiated. Patient instructed on joint protection and referred for rehabilitation. Follow-up scheduled for evaluation of symptoms and treatment progress.

4. Surgical management performed for Pneumococcal arthritis and polyarthritis. Arthroscopic debridement and lavage conducted on affected joints. Synovial fluid samples obtained for analysis and culture. Intraoperative assessment revealed inflammatory joint effusion. Wound closed meticulously. Post-operative antibiotic regimen initiated. Patient counseled on joint protection and referred for physical therapy. Follow-up appointments arranged to monitor symptoms and response to treatment.

5. Operative note: Surgical intervention for Pneumococcal arthritis and polyarthritis. Arthroscopic debridement and lavage carried out on affected joints. Synovial fluid samples obtained for analysis and culture. Intraoperative examination revealed inflammatory joint effusion. Wound closed meticulously. Post-operative antibiotic treatment initiated. Patient educated on joint protection measures and referred for rehabilitation. Follow-up visits scheduled for symptom evaluation and treatment optimization.

6. Patient underwent surgical management for Pneumococcal arthritis and polyarthritis. Arthroscopic debridement and irrigation performed on affected joints. Synovial fluid samples obtained for analysis and culture. Intraoperative findings consistent with inflammatory joint effusion and synovitis. Wound closed meticulously. Post-operative antibiotic therapy initiated. Patient instructed on joint protection and referred for physical therapy. Follow-up appointments scheduled for symptom monitoring and treatment assessment.

7. Operative intervention performed for Pneumococcal arthritis and polyarthritis. Arthroscopic debridement and lavage conducted on affected joints. Synovial fluid aspirated for analysis and culture. Intraoperative examination revealed inflammatory joint effusion and synovitis. Wound closed meticulously. Post-operative antibiotic regimen initiated. Patient counseled on joint protection and referred for rehabilitation. Follow-up appointments arranged to monitor symptoms and response to treatment.

8. Surgical management carried out for Pneumococcal arthritis and polyarthritis. Arthroscopic debridement and irrigation performed on affected joints. Synovial fluid samples obtained for analysis and culture. Intraoperative findings consistent with inflammatory joint effusion. Wound closed using sutures. Post-operative antibiotic therapy initiated. Patient educated on joint protection and referred for physical therapy. Follow-up visits scheduled for symptom evaluation and treatment optimization.

9. Operative note: Surgical intervention for Pneumococcal arthritis and polyarthritis. Arthroscopic debridement and lavage carried out on affected joints. Synovial fluid samples obtained for analysis and culture. Intraoperative examination revealed inflammatory joint effusion. Wound closed meticulously. Post-operative antibiotic treatment initiated. Patient educated on joint protection measures and referred for rehabilitation. Follow-up visits scheduled for symptom monitoring and treatment optimization.

10. Patient underwent surgical management for Pneumococcal arthritis and polyarthritis. Arthroscopic debridement and irrigation performed on affected joints. Synovial fluid samples obtained for analysis and culture. Intraoperative findings consistent with inflammatory joint effusion and synovitis. Wound closed meticulously. Post-operative antibiotic therapy initiated. Patient instructed on joint protection and referred for physical therapy. Follow-up appointments scheduled for symptom monitoring and treatment assessment.

1. Operative Note: Patient presented with Pneumococcal arthritis and polyarthritis. Under general anesthesia, aseptic technique was employed. Arthroscopic examination revealed synovitis and cartilage damage in multiple joints. Extensive synovectomy and joint lavage were performed. Intraoperative cultures were obtained. Wounds were closed in layers. Patient tolerated the procedure well and was transferred to the recovery unit in stable condition.

2. Operative Note: Surgical intervention was necessary for Pneumococcal arthritis and polyarthritis. Following induction of general anesthesia, a sterile field was established. Arthroscopic evaluation revealed inflammatory changes and joint effusions. Multiple synovial biopsies were obtained for histopathological analysis. Thorough irrigation was performed, and wounds were meticulously closed. The patient's vital signs remained stable throughout the procedure.

3. Operative Note: Pneumococcal arthritis and polyarthritis necessitated surgical management. The patient was placed under general anesthesia. Arthroscopic examination revealed extensive synovial proliferation and erosive changes in various joints. Synovectomies were performed, and affected joints were lavaged meticulously. Cultures were obtained for microbiological evaluation. Surgical incisions were closed in a layered fashion. The patient recovered well from anesthesia.

4. Operative Note: In the case of Pneumococcal arthritis and polyarthritis, surgery was indicated. General anesthesia was administered, and sterile preparation was conducted. Arthroscopy demonstrated synovial inflammation and joint destruction. Multiple joint debridements were executed, and thorough irrigation was carried out. Specimens were sent for culture analysis. The surgical incisions were closed meticulously. The patient's postoperative course was uneventful.

5. Operative Note: Patient underwent surgery for Pneumococcal arthritis and polyarthritis. Following induction of general anesthesia, sterile draping was performed. Arthroscopic assessment unveiled synovial hypertrophy and cartilage erosion. Extensive synovial resection and joint lavage were performed. Intraoperative cultures were obtained for microbiological analysis. The incisions were closed meticulously. The patient recovered without complications.

6. Operative Note: Surgical intervention was warranted for Pneumococcal arthritis and polyarthritis. The patient was placed under general anesthesia, and a sterile field was established. Arthroscopy revealed synovial proliferation and joint degeneration. Multiple synovectomies were performed, followed by thorough irrigation. Microbiological specimens were collected for culture analysis. The incisions were meticulously closed. The patient's recovery was uneventful.

7. Operative Note: Pneumococcal arthritis and polyarthritis necessitated surgical treatment. The patient was placed under general anesthesia, and strict aseptic technique was employed. Arthroscopic evaluation showed synovial inflammation and cartilage damage. Extensive synovectomy and joint lavage were carried out. Intraoperative cultures were obtained for microbiological testing. The incisions were closed meticulously. The patient tolerated the procedure well.

8. Operative Note: Surgery was performed to address Pneumococcal arthritis and polyarthritis. General anesthesia was administered, and a sterile field was prepared. Arthroscopic examination revealed synovial hyperplasia and articular cartilage destruction. Multiple synovectomies were performed, and thorough joint irrigation was undertaken. Microbiological samples were collected intraoperatively. The incisions were meticulously closed. The patient's postoperative recovery was uncomplicated.

9. Operative Note: Patient underwent surgical intervention for Pneumococcal arthritis and polyarthritis. Under general anesthesia, a sterile environment was established. Arthroscopic evaluation revealed synovitis and joint erosion. Extensive synovectomies were conducted, followed by thorough joint irrigation. Intraoperative cultures were obtained for microbial analysis. The surgical incisions were meticulously closed. The patient's vital signs remained stable throughout the procedure.

10. Operative Note: Pneumococcal arthritis and polyarthritis required surgical management. The patient received general anesthesia, and sterile preparation was performed. Arthroscopy demonstrated synovial inflammation and articular cartilage damage. Multiple synovectomies were carried out, and meticulous joint lavage was performed. Intraoperative samples were collected for microbiological examination. The surgical incisions were closed carefully. The patient's recovery was uneventful.

1. Operative Note: Surgical intervention was undertaken for the management of Pneumococcal arthritis and polyarthritis. The patient was placed under general anesthesia, and aseptic measures were implemented. Intraoperative arthroscopic evaluation revealed marked synovial proliferation and extensive joint involvement. Aggressive synovectomy and meticulous joint lavage were performed. Cultures were obtained for microbiological analysis. The surgical incisions were meticulously closed, and the patient's hemodynamic parameters remained stable throughout the procedure.

2. Operative Note: Pneumococcal arthritis and polyarthritis necessitated surgical intervention. General anesthesia was administered, and sterile draping was carried out. Arthroscopic assessment demonstrated severe joint inflammation and erosive changes. Extensive synovial resection was performed, followed by thorough irrigation of affected joints. Intraoperative samples were sent for microbiological examination. The incisions were closed meticulously using appropriate sutures. The patient tolerated the procedure well without any complications.

3. Operative Note: Surgery was performed to address Pneumococcal arthritis and polyarthritis. The patient underwent general anesthesia, and sterile techniques were employed. Arthroscopy revealed diffuse synovial hyperplasia and articular cartilage degeneration. Extensive synovectomy and joint lavage were carried out meticulously. Intraoperative cultures were obtained to identify the causative organism. The incisions were closed layer by layer. The patient's perioperative course was uneventful.

4. Operative Note: Patient underwent operative management for Pneumococcal arthritis and polyarthritis. After induction of general anesthesia, the surgical site was prepared in a sterile manner. Arthroscopic examination revealed synovial hypertrophy and cartilage erosion in multiple joints. Extensive synovial debridement and thorough joint irrigation were performed. Microbiological specimens were collected intraoperatively for culture analysis. The incisions were closed meticulously. The patient recovered well from anesthesia.

5. Operative Note: Surgical intervention was undertaken to treat Pneumococcal arthritis and polyarthritis. The patient received general anesthesia, and strict sterile precautions were followed. Arthroscopic evaluation demonstrated extensive synovial inflammation and joint damage. Multiple synovectomies were performed meticulously, and thorough joint lavage was carried out. Intraoperative cultures were obtained for microbiological evaluation. The surgical incisions were closed with precision. The patient's postoperative recovery was smooth.

6. Operative Note: Surgery was performed for the management of Pneumococcal arthritis and polyarthritis. Under general anesthesia, a sterile field was established. Arthroscopy revealed significant synovial proliferation and erosive changes in multiple joints. Extensive synovectomy was performed, followed by meticulous joint lavage. Intraoperative cultures were obtained for microbiological assessment. The surgical incisions were meticulously closed. The patient remained hemodynamically stable throughout the procedure.

7. Operative Note: Patient underwent surgical intervention to address Pneumococcal arthritis and polyarthritis. General anesthesia was administered, and sterile draping was performed. Arthroscopic examination revealed marked synovial inflammation and joint destruction. Extensive synovial resection and joint lavage were meticulously carried out. Microbiological samples were obtained for culture analysis. The surgical incisions were closed meticulously using appropriate sutures. The patient's intraoperative course was uneventful.

8. Operative Note: Pneumococcal arthritis and polyarthritis required surgical intervention. The patient received general anesthesia, and aseptic techniques were adhered to. Arthroscopic evaluation demonstrated diffuse synovial proliferation and cartilage erosions. Extensive synovial debridement and meticulous joint lavage were performed. Intra operative cultures were obtained for microbiological analysis. The incisions were closed meticulously, and the patient remained stable throughout the procedure.

9. Operative Note: Surgical management was undertaken for Pneumococcal arthritis and polyarthritis. The patient was placed under general anesthesia, and strict sterile precautions were observed. Arthroscopic examination revealed severe synovitis and joint degeneration. Extensive synovectomy and thorough joint lavage were meticulously performed. Intraoperative samples were collected for microbiological evaluation. The incisions were closed with attention to detail. The patient tolerated the procedure well without any untoward events.

10. Operative Note: Pneumococcal arthritis and polyarthritis necessitated surgical intervention. General anesthesia was administered, and a sterile field was established. Arthroscopic assessment demonstrated significant synovial hyperplasia and cartilage erosion. Extensive synovectomies were meticulously performed, followed by thorough joint irrigation. Intraoperative cultures were obtained for microbiological analysis. The incisions were closed meticulously using appropriate suturing techniques. The patient's intraoperative course was unremarkable.

1. Operative Note: Surgical intervention was urgently performed to address severe Pneumococcal arthritis and polyarthritis with pronounced involvement of the knee joint. The patient was placed under general anesthesia, and meticulous sterile preparation was conducted. Arthroscopic evaluation revealed extensive synovial proliferation, cartilage erosion, and significant joint effusion in the knee joint. Aggressive synovectomy, meticulous joint lavage, and debridement were meticulously carried out. Intraoperative cultures were obtained, and the incisions were meticulously closed. The patient's vital signs remained stable throughout the procedure.

2. Operative Note: In the case of severe Pneumococcal arthritis and polyarthritis with marked knee joint involvement, surgical intervention was deemed necessary. After induction of general anesthesia, a sterile field was established. Arthroscopic examination revealed severe synovial inflammation, cartilage damage, and joint effusion in the knee joint. Extensive synovectomy, meticulous joint lavage, and debridement were performed meticulously. Cultures were obtained for microbiological analysis. The surgical incisions were closed with precision. The patient's recovery from anesthesia was uneventful.

3. Operative Note: Urgent surgery was performed to address severe Pneumococcal arthritis and polyarthritis, primarily affecting the knee joint. The patient received general anesthesia, and strict aseptic measures were implemented. Arthroscopic evaluation demonstrated severe synovial hypertrophy, cartilage degeneration, and significant joint effusion in the knee joint. Extensive synovectomy, meticulous joint lavage, and debridement were meticulously carried out. Intraoperative cultures were obtained for microbiological analysis. The surgical incisions were closed meticulously. The patient's vital signs remained stable throughout the procedure.

4. Operative Note: Surgical intervention was urgently undertaken for severe Pneumococcal arthritis and polyarthritis, with marked involvement of the knee joint. Under general anesthesia, a sterile environment was established. Arthroscopic examination revealed severe synovitis, extensive cartilage erosion, and significant joint effusion in the knee joint. Aggressive synovectomy, meticulous joint lavage, and debridement were performed meticulously. Intraoperative cultures were obtained for microbiological evaluation. The incisions were meticulously closed. The patient tolerated the procedure well without any complications.

5. Operative Note: Surgery was urgently performed to address severe Pneumococcal arthritis and polyarthritis with severe knee joint involvement. After induction of general anesthesia, the surgical site was meticulously prepared in a sterile manner. Arthroscopic evaluation revealed severe synovial inflammation, extensive cartilage damage, and significant joint effusion in the knee joint. Extensive synovial resection, meticulous joint lavage, and debridement were carried out. Microbiological specimens were collected intraoperatively for culture analysis. The incisions were meticulously closed. The patient recovered well from anesthesia.

6. Operative Note: Surgical intervention was urgently required for severe Pneumococcal arthritis and polyarthritis with severe involvement of the knee joint. The patient underwent general anesthesia, and meticulous sterile techniques were employed. Arthroscopic examination revealed severe synovial hyperplasia, extensive cartilage erosions, and marked joint effusion in the knee joint. Extensive synovectomy and meticulous joint lavage were performed. Intraoperative cultures were obtained for microbiological assessment. The surgical incisions were closed meticulously using appropriate sutures. The patient's intraoperative course was uneventful.

7. Operative Note: Patient underwent urgent surgical intervention to address severe Pneumococcal arthritis and polyarthritis with significant knee joint involvement. General anesthesia was administered, and sterile draping was carried out. Arthroscopic examination revealed severe synovial inflammation, extensive cartilage erosion, and marked joint effusion in the knee joint. Extensive synovial resection, meticulous joint lavage, and debridement were carried out. Microbiological samples were obtained for culture analysis. The surgical incisions were closed meticulously. The patient tolerated the procedure well without any untoward events.

8. Operative Note: Severe Pneumococcal arthritis and polyarthritis with marked knee joint involvement necessitated urgent surgical management. The patient received general anesthesia, and strict sterile precautions were followed. Arthroscopic evaluation demonstrated severe synovial proliferation, extensive cartilage erosion, and significant joint effusion in the knee joint. Extensive synovial debridement, meticulous joint lavage, and thorough irrigation were performed. Intraoperative cultures were obtained for microbiological analysis. The incisions were closed meticulously, and the patient remained stable throughout the procedure.

9. Operative Note: Urgent surgical intervention was undertaken to address severe Pneumococcal arthritis and polyarthritis with severe knee joint involvement. General anesthesia was administered, and sterile techniques were implemented. Arthroscopic examination revealed severe synovial hyperplasia, extensive cartilage erosions, and marked joint effusion in the knee joint. Extensive synovectomies, meticulous joint lavage, and thorough irrigation were meticulously performed. Intraoperative cultures were obtained for microbiological evaluation. The surgical incisions were closed meticulously using appropriate suturing techniques. The patient tolerated the procedure well without any complications.

10. Operative Note: Surgery was urgently performed to address severe Pneumococcal arthritis and polyarthritis with pronounced knee joint involvement. Under general anesthesia, a sterile field was established. Arthroscopic evaluation revealed severe synovial inflammation, extensive cartilage damage, and significant joint effusion in the knee joint. Aggressive synovectomies, meticulous joint lavage, and thorough irrigation were performed meticulously. Intraoperative cultures were obtained for microbiological analysis. The surgical incisions were closed meticulously, and the patient's hemodynamic parameters remained stable throughout the procedure.

1. Operative Note: Urgent surgical intervention was performed to address severe Pneumococcal arthritis and polyarthritis with significant erosion of the hip joint. The patient received general anesthesia, and a sterile field was established. Arthroscopic examination revealed extensive synovial inflammation, cartilage erosion, and joint effusion in the hip joint. Aggressive synovectomy, meticulous joint lavage, and debridement were performed meticulously. Intraoperative cultures were obtained for microbiological analysis. The surgical incisions were closed meticulously, and the patient's vital signs remained stable throughout the procedure.

2. Operative Note: Surgery was undertaken to address severe Pneumococcal arthritis and polyarthritis with marked erosion of the hip joint. Under general anesthesia, a sterile environment was established. Arthroscopic examination revealed severe synovial proliferation, cartilage degeneration, and significant joint effusion in the hip joint. Extensive synovial resection, meticulous joint lavage, and debridement were meticulously carried out. Intraoperative cultures were obtained for microbiological evaluation. The incisions were meticulously closed. The patient tolerated the procedure well without any complications.

3. Operative Note: Surgical intervention was performed to address severe Pneumococcal arthritis and polyarthritis with extensive erosion of the hip joint. The patient underwent general anesthesia, and meticulous sterile techniques were employed. Arthroscopic evaluation demonstrated severe synovial hypertrophy, cartilage degeneration, and marked joint effusion in the hip joint. Extensive synovectomy and meticulous joint lavage were performed. Intraoperative cultures were obtained for microbiological assessment. The surgical incisions were closed meticulously using appropriate sutures. The patient's intraoperative course was uneventful.

4. Operative Note: Patient underwent surgical intervention to address severe Pneumococcal arthritis and polyarthritis with significant erosion of the hip joint. General anesthesia was administered, and sterile draping was carried out. Arthroscopic examination revealed severe synovial inflammation, extensive cartilage damage, and marked joint effusion in the hip joint. Extensive synovial resection, meticulous joint lavage, and debridement were performed. Intraoperative cultures were obtained for microbiological analysis. The incisions were closed meticulously. The patient tolerated the procedure well without any untoward events.

5. Operative Note: Surgery was urgently performed to address severe Pneumococcal arthritis and polyarthritis with extensive erosion of the hip joint. After induction of general anesthesia, the surgical site was meticulously prepared in a sterile manner. Arthroscopic evaluation revealed severe synovial inflammation, cartilage erosion, and marked joint effusion in the hip joint. Extensive synovial debridement, meticulous joint lavage, and thorough irrigation were carried out. Microbiological specimens were collected intraoperatively for culture analysis. The incisions were meticulously closed. The patient recovered well from anesthesia.

6. Operative Note: Urgent surgical intervention was undertaken for severe Pneumococcal arthritis and polyarthritis with marked erosion of the hip joint. The patient received general anesthesia, and strict aseptic measures were implemented. Arthroscopic evaluation demonstrated severe synovial proliferation, extensive cartilage erosion, and significant joint effusion in the hip joint. Extensive synovectomy, meticulous joint lavage, and debridement were meticulously performed. Intraoperative cultures were obtained for microbiological analysis. The surgical incisions were closed meticulously. The patient's vital signs remained stable throughout the procedure.

7. Operative Note: Patient underwent urgent surgical intervention to address severe Pneumococcal arthritis and polyarthritis with pronounced erosion of the hip joint. General anesthesia was administered, and sterile draping was carried out. Arthroscopic examination revealed severe synovial inflammation, extensive cartilage damage, and marked joint effusion in the hip joint. Extensive synovectomies, meticulous joint lavage, and thorough irrigation were performed. Intraoperative cultures were obtained for microbiological evaluation. The incisions were closed meticulously using appropriate sutures. The patient's intraoperative course was uneventful.

8. Operative Note: Surgical intervention was urgently required for severe Pneumococcal arthritis and polyarthritis with significant erosion of the hip joint. Under general anesthesia, a sterile field was established. Arthroscopic examination revealed severe synovial inflammation, extensive cartilage erosion, and marked joint effusion in the hip joint. Aggressive synovectomies, meticulous joint lavage, and debridement were performed meticulously. Intraoperative cultures were obtained for microbiological evaluation. The incisions were closed meticulously, and the patient remained stable throughout the procedure.

9. Operative Note: Surgery was urgently performed to address severe Pneumococcal arthritis and polyarthritis with marked erosion of the hip joint. The patient underwent general anesthesia, and meticulous sterile techniques were employed. Arthroscopic examination revealed severe synovial hyperplasia, extensive cartilage erosions, and significant joint effusion in the hip joint. Extensive synovectomies, meticulous joint lavage, and thorough irrigation were meticulously performed. Intraoperative cultures were obtained for microbiological assessment. The surgical incisions were closed meticulously using appropriate suturing techniques. The patient's intraoperative course was uneventful.

10. Operative Note: Urgent surgical intervention was performed to address severe Pneumococcal arthritis and polyarthritis with significant hip joint erosion. The patient received general anesthesia, and a sterile field was established. Arthroscopic evaluation revealed extensive synovial inflammation, cartilage erosion, and marked joint effusion in the hip joint. Aggressive synovectomy, meticulous joint lavage, and debridement were performed meticulously. Intraoperative cultures were obtained for microbiological analysis. The surgical incisions were closed meticulously, and the patient's vital signs remained stable throughout the procedure.

1. Operative Note: Arthroscopic intervention was performed to address Pneumococcal arthritis and polyarthritis with variable joint involvement. The patient received regional anesthesia with an adjustable dosage to provide optimal pain control and minimize systemic effects. Arthroscopy revealed synovitis and cartilage damage, which were treated accordingly. Intraoperative cultures were obtained. The anesthesia dosage was adjusted throughout the procedure based on the patient's response. The patient tolerated the surgery well, and the incisions were closed meticulously.

2. Operative Note: Arthroscopic surgery was conducted to manage Pneumococcal arthritis and polyarthritis with varying degrees of joint involvement. The patient received general anesthesia, and the anesthetic dosage was tailored to the patient's individual needs. Arthroscopy revealed inflammatory changes and joint damage, which were addressed appropriately. Intraoperative cultures were obtained. The anesthesia dosage was adjusted throughout the procedure to maintain the patient's stability. The incisions were meticulously closed, and the patient's postoperative recovery was uneventful.

3. Operative Note: Variable anesthesia dosage was employed for arthroscopic intervention in a patient with Pneumococcal arthritis and polyarthritis. The patient received either general or regional anesthesia, depending on the extent of joint involvement and the individual's specific requirements. Arthroscopic examination revealed varying degrees of synovial inflammation and cartilage damage, which were managed accordingly. Cultures were obtained intraoperatively. The anesthesia dosage was adjusted as needed to ensure the patient's comfort and safety. The incisions were meticulously closed, and the patient's recovery was satisfactory.

4. Operative Note: Arthroscopic procedure was performed with variable anesthesia dosage to treat Pneumococcal arthritis and polyarthritis in a patient with multi-joint involvement. The patient received either regional or general anesthesia, depending on the specific joint being addressed. Arthroscopy revealed varying levels of synovial hypertrophy and cartilage erosion, which were managed accordingly. Intraoperative cultures were obtained for analysis. The anesthesia dosage was carefully adjusted throughout the procedure to maintain optimal pain control and patient safety. The incisions were meticulously closed, and the patient tolerated the surgery well.

5. Operative Note: Arthroscopic intervention was performed for Pneumococcal arthritis and polyarthritis with variable joint involvement. The patient underwent anesthesia with a flexible dosage approach, utilizing either general or regional anesthesia based on the complexity of the procedure and patient factors. Arthroscopy revealed variable degrees of synovial inflammation and cartilage damage, which were addressed appropriately. Cultures were obtained during the surgery. The anesthesia dosage was adjusted as necessary to ensure patient comfort and safety. The incisions were meticulously closed, and the patient had an uneventful recovery.

6. Operative Note: Variable anesthesia dosage was employed during arthroscopic intervention for Pneumococcal arthritis and polyarthritis in a patient with multiple affected joints. The patient received a tailored combination of general and regional anesthesia based on the specific joints undergoing arthroscopy. Variable levels of synovial inflammation and cartilage damage were observed and treated accordingly. Intraoperative cultures were obtained. The anesthesia dosage was adjusted throughout the procedure to optimize pain control and minimize adverse effects. The incisions were meticulously closed, and the patient had a satisfactory postoperative course.

7. Operative Note: Arthroscopic surgery was performed with variable anesthesia dosage for the management of Pneumococcal arthritis and polyarthritis. The patient received either general or regional anesthesia, depending on the joints being addressed. Arthroscopy revealed varying degrees of synovial inflammation and cartilage degeneration, which were treated appropriately. Intraoperative cultures were obtained. The anesthesia dosage was adjusted throughout the procedure to ensure patient comfort and safety. The incisions were meticulously closed, and the patient recovered well from the surgery.

8. Operative Note: Variable anesthesia dosage was employed during arthroscopic intervention for Pneumococcal arthritis and polyarthritis with multiple joint involvement. The patient received a customized combination of general and regional anesthesia, tailored to the specific joints undergoing arthroscopy. Variable degrees of synovial hypertrophy and cartilage erosion were identified and managed accordingly. Intraoperative cultures were obtained for microbiological analysis. The anesthesia dosage was adjusted throughout the procedure to optimize pain control and patient well-being. The incisions were meticulously closed, and the patient's postoperative course was unremarkable.

9. Operative Note: Arthroscopic intervention was performed utilizing variable anesthesia dosage for the treatment of Pneumococcal arthritis and polyarthritis in a patient with multi-joint involvement. The patient received either general or regional anesthesia, tailored to the individual joint requirements. Arthroscopy revealed variable degrees of synovial inflammation and cartilage damage, which were addressed accordingly. Intraoperative cultures were obtained. The anesthesia dosage was carefully adjusted throughout the procedure to ensure adequate pain control and patient comfort. The incisions were meticulously closed, and the patient's recovery was satisfactory.

10. Operative Note: Variable anesthesia dosage was employed during arthroscopic intervention for Pneumococcal arthritis and polyarthritis with involvement of multiple joints. The patient received a combination of general and regional anesthesia, customized based on the specific joints being treated. Arthroscopy revealed varying levels of synovial inflammation and cartilage erosion, which were managed accordingly. Intraoperative cultures were obtained for microbiological analysis. The anesthesia dosage was adjusted throughout the procedure to optimize patient comfort and safety. The incisions were meticulously closed, and the patient's postoperative recovery was uneventful.

1. Operative Note: Patient presented with Pneumococcal arthritis affecting multiple joints. Arthrocentesis was performed under local anesthesia to obtain synovial fluid for analysis and culture. The fluid showed evidence of infection with Streptococcus pneumoniae. Antibiotic therapy was initiated immediately. Joint immobilization and supportive care were provided. The patient's condition was monitored closely for signs of septic arthritis. Follow-up visits were scheduled for ongoing management.

2. Operative Note: Surgical intervention was required for Pneumococcal arthritis involving the knee joint. The patient underwent arthroscopic debridement and irrigation under general anesthesia. Synovial biopsies were obtained for histopathological analysis, confirming the presence of pneumococcal infection. Postoperatively, intravenous antibiotics were administered, and joint mobilization was initiated gradually. The patient's pain and swelling improved over time, and physical therapy was initiated for functional recovery.

3. Operative Note: Pneumococcal arthritis was diagnosed in a patient with acute joint pain and swelling. Arthroscopy was performed to assess the extent of joint involvement and to obtain synovial tissue samples for microbiological analysis. The findings revealed synovial inflammation and evidence of pneumococcal infection. Intravenous antibiotics were initiated, and the patient's symptoms gradually improved. Regular follow-up visits were scheduled to monitor the response to treatment and ensure complete resolution of the infection.

4. Operative Note: Pneumococcal arthritis was suspected in a patient presenting with joint pain and limited range of motion. Arthroscopic examination of the affected joint revealed synovial hypertrophy and inflammatory changes. Synovial fluid analysis confirmed the presence of Streptococcus pneumoniae. The patient was started on appropriate antibiotic therapy and underwent regular follow-up visits to monitor the response. Over time, there was resolution of symptoms and improvement in joint function.

5. Operative Note: Surgical management was required for Pneumococcal arthritis involving the hip joint. The patient underwent an open joint debridement procedure under general anesthesia. Intraoperative cultures confirmed the presence of Streptococcus pneumoniae. Postoperatively, intravenous antibiotics were administered, and the patient underwent a comprehensive rehabilitation program. Regular follow-up visits were scheduled to monitor the patient's progress and assess joint function.

6. Operative Note: Pneumococcal arthritis was diagnosed in a patient with multiple joint involvement. Arthroscopic synovectomy was performed under general anesthesia to alleviate symptoms and eradicate the infection. Synovial biopsies were obtained and sent for microbiological analysis, confirming the presence of pneumococcal infection. The patient received intravenous antibiotics and was closely monitored for signs of systemic complications. Gradual improvement in symptoms and joint function was observed during the postoperative period.

7. Operative Note: Patient presented with Pneumococcal arthritis affecting the shoulder joint. Arthroscopic irrigation and debridement were performed under general anesthesia to address the infection. Synovial fluid analysis confirmed the presence of Streptococcus pneumoniae. The patient was initiated on appropriate antibiotic therapy and was advised to follow a tailored rehabilitation program. Follow-up visits were scheduled to assess joint recovery and monitor the resolution of infection.

8. Operative Note: Surgical intervention was necessary for Pneumococcal arthritis involving the wrist joint. The patient underwent arthroscopic synovectomy and joint lavage under regional anesthesia. Intraoperative samples were sent for microbiological analysis, which revealed the presence of pneumococcal infection. The patient received intravenous antibiotics, and a splint was applied to immobilize the joint. Regular follow-up appointments were scheduled for clinical and radiological assessment.

9. Operative Note: Pneumococcal arthritis was diagnosed in a patient with involvement of multiple joints. Arthroscopic synovial biopsy was performed under local anesthesia to obtain tissue samples for culture and sensitivity testing. Streptococcus pneumoniae was identified in the synovial fluid analysis. The patient was initiated on appropriate antibiotic therapy and underwent physical therapy for joint mobility. Close monitoring was performed to ensure a favorable response to treatment.

10. Operative Note: Surgical intervention was performed for Pneumococcal arthritis affecting the ankle joint. The patient underwent arthroscopic debridement and irrigation under regional anesthesia. Intraoperative synovial fluid analysis confirmed the presence of Streptococcus pneumoniae. Postoperatively, intravenous antibiotics were administered, and the patient was advised to maintain joint immobilization. Follow-up visits were scheduled to monitor the patient's progress and assess the resolution of infection.

## M00.2 Other streptococcal arthritis and polyarthritis

1. Operative Note - Streptococcal Arthritis: A diagnostic arthroscopy was performed on the patient's inflamed knee joint. Synovial fluid analysis revealed the presence of Streptococcus bacteria. A thorough debridement was performed, removing necrotic tissue and infected synovium. The joint was irrigated with antimicrobial solution. A drain was placed, and the incision was closed. The patient was prescribed a course of antibiotics and scheduled for follow-up.

2. Operative Note - Polyarthritis: The patient underwent bilateral knee arthroplasty due to severe polyarthritis. The arthritic joints were exposed through a midline incision. Careful removal of damaged articular surfaces was performed, followed by precise placement of prosthetic components. Ligaments were repaired, and the incisions were closed. Postoperatively, the patient received pain management and rehabilitation. Follow-up appointments were scheduled to monitor progress.

3. Operative Note - Streptococcal Arthritis: A synovectomy was performed on the patient's wrist joint affected by streptococcal arthritis. A dorsal approach was used, and the joint capsule was exposed. The synovium was meticulously excised to eliminate infected tissue. Hemostasis was achieved, and the wound was closed. Postoperatively, the patient received antibiotics, immobilization, and hand therapy. Regular evaluations were planned to assess recovery.

4. Operative Note - Polyarthritis: Surgical intervention was initiated for the patient with polyarthritis involving the metacarpophalangeal (MCP) joints. A synovial biopsy was performed to assess the inflammatory process. Joint capsule debridement was executed, followed by irrigation and thorough lavage. Closure was performed meticulously. The patient was provided with postoperative pain management, hand therapy, and scheduled for further evaluations.

5. Operative Note - Streptococcal Arthritis: The patient presented with streptococcal arthritis in the hip joint. A hip arthroscopy was performed using a standard anterior approach. The joint was thoroughly examined, and synovial fluid was sent for analysis. Necrotic tissue and infected synovium were excised meticulously. Copious irrigation with antibiotic solution was performed. The incision was closed, and the patient was prescribed a postoperative course of antibiotics.

6. Operative Note - Polyarthritis: A surgical intervention was performed on the patient's elbows affected by polyarthritis. Bilateral arthroscopic synovectomy was executed through small incisions. The synovium was meticulously resected using arthroscopic instruments. The joint was irrigated, and hemostasis was ensured. The wounds were closed, and postoperative pain management was initiated. The patient was advised to undergo physical therapy for optimal recovery.

7. Operative Note - Streptococcal Arthritis: The patient presented with streptococcal arthritis affecting multiple joints, including the shoulder. An open arthrotomy was performed, and the glenohumeral joint was exposed. The joint was thoroughly debrided, removing infected tissue. Copious irrigation with antimicrobial solution was performed. The incision was closed, and the patient received postoperative antibiotics. Regular follow-up appointments were scheduled to assess joint function and infection control.

8. Operative Note - Polyarthritis: The patient underwent surgical intervention for polyarthritis affecting the ankle joints. Bilateral ankle arthrodesis was performed using a fusion technique. Articular surfaces were meticulously prepared, and fixation was achieved using screws and plates. Adequate alignment and stability were ensured. The incisions were closed, and the patient received postoperative pain management. Rehabilitation and weight-bearing instructions were provided.

9. Operative Note - Streptococcal Arthritis: A surgical intervention was performed on the patient's temporomandibular joint (TMJ) affected by streptococcal arthritis. An arthrocentesis was performed using a small-gauge needle, allowing lavage and aspiration of the joint. Intra-articular corticosteroid injection was administered to reduce inflammation. The patient was prescribed analgesics and advised on jaw rest. Regular follow-up was scheduled to monitor symptoms and TMJ function.

10. Operative Note - Polyarthritis: The patient underwent synovectomy for polyarthritis affecting the knee joint. A mini-arthrotomy approach was employed, and the joint was exposed. Careful excision of hypertrophic synovium was performed, aiming to alleviate inflammation. Hemostasis was achieved, and the incision was closed. Postoperatively, the patient received pain management and physical therapy. Follow-up assessments were planned to evaluate symptom improvement and joint function.

1. Operative Note - Streptococcal Arthritis: The patient underwent a surgical intervention for streptococcal arthritis affecting the cervical spine. A posterior approach was utilized, and the affected vertebrae were exposed. Decompression and debridement of infected tissue were performed meticulously. Instrumentation and fusion were carried out to stabilize the affected segment. The incision was closed, and the patient was prescribed antibiotics and scheduled for postoperative imaging and follow-up.

2. Operative Note - Polyarthritis: Bilateral wrist arthrodesis was performed on the patient with severe polyarthritis. An incision was made over the affected joints, and the cartilage surfaces were prepared. Fixation was achieved using plates and screws. The incisions were closed, and the patient received postoperative pain management and immobilization. Hand therapy and regular monitoring were planned for optimal functional recovery.

3. Operative Note - Streptococcal Arthritis: The patient underwent a synovectomy and joint irrigation for streptococcal arthritis affecting the temporomandibular joint (TMJ). An arthroscopic approach was utilized, and infected synovium was meticulously resected. Copious irrigation with antimicrobial solution was performed. The incisions were closed, and the patient was prescribed antibiotics and advised on temporomandibular rest. Follow-up evaluations were scheduled to monitor TMJ function.

4. Operative Note - Polyarthritis: Surgical intervention was performed on the patient's ankles affected by polyarthritis. Bilateral ankle arthroscopy was performed, and inflamed synovium was excised using arthroscopic instruments. The joint was irrigated thoroughly, and closure was performed meticulously. Postoperatively, the patient received pain management, ankle immobilization, and physical therapy. Regular follow-up appointments were planned to assess joint recovery and range of motion.

5. Operative Note - Streptococcal Arthritis: The patient underwent a knee joint aspiration and lavage procedure for streptococcal arthritis. A sterile technique was employed, and synovial fluid was aspirated for analysis. The joint was lavaged with saline solution to reduce inflammation and remove debris. A corticosteroid injection was administered intra-articularly for symptom relief. The procedure was well-tolerated, and the patient was advised on activity modification and prescribed appropriate medications.

6. Operative Note - Polyarthritis: A surgical intervention was performed on the patient's hands affected by polyarthritis. Bilateral synovectomy of the metacarpophalangeal (MCP) joints was carried out through small incisions. The inflamed synovium was meticulously excised, achieving good hemostasis. The wounds were closed, and the patient received postoperative pain management and hand therapy. Follow-up appointments were scheduled to monitor hand function and disease progression.

7. Operative Note - Streptococcal Arthritis: The patient presented with streptococcal arthritis affecting the sacroiliac joint. A minimally invasive approach was employed, and the joint was visualized using fluoroscopic guidance. Synovial tissue biopsy was performed for confirmation of infection. Debridement of necrotic tissue and lavage with antimicrobial solution were carried out. The incisions were closed, and the patient received antibiotics and was scheduled for regular follow-up.

8. Operative Note - Polyarthritis: The patient underwent bilateral shoulder arthroplasty due to advanced polyarthritis. An incision was made, and the arthritic joint surfaces were carefully excised. Prosthetic components were securely implanted, and soft tissues were repaired. Closure was performed meticulously, and the patient received postoperative pain management and shoulder rehabilitation. Follow-up appointments were planned to evaluate joint function and range of motion.

9. Operative Note - Streptococcal Arthritis: A synovectomy was performed on the patient's hip joint affected by streptococcal arthritis. An anterior approach was employed, and the joint was exposed. The inflamed synovium was meticulously resected, and the joint was thoroughly irrigated with antimicrobial solution. The incision was closed, and the patient was prescribed antibiotics and advised on weight-bearing restrictions. Regular follow-up evaluations were scheduled to monitor hip function and infection control.

10. Operative Note - Polyarthritis: The patient underwent surgical intervention for polyarthritis affecting the cervical spine. A decompressive laminectomy and fusion procedure were performed. The affected vertebrae were exposed through a posterior approach, and decompression of neural elements was executed. Bone grafting and instrumentation were carried out to achieve stability. The incision was closed, and the patient received postoperative pain management and physical therapy. Follow-up imaging and assessments were planned to monitor spinal fusion and neurological improvement.

1. Operative Note - Streptococcal Arthritis: The patient underwent an arthroscopic synovectomy for streptococcal arthritis in the knee joint under general anesthesia. An appropriate dose of intravenous anesthesia was administered, maintaining the patient's vital signs within normal limits throughout the procedure. The arthroscopic procedure was performed successfully, with meticulous debridement of infected synovium and irrigation with antibiotic solution. The patient tolerated the procedure well and was transferred to the recovery area postoperatively.

2. Operative Note - Polyarthritis: Bilateral hip arthroplasty was performed on the patient with polyarthritis under regional anesthesia. A suitable dose of epidural anesthesia was administered, ensuring optimal pain control during the procedure. The surgical intervention involved meticulous removal of arthritic joint surfaces and precise placement of prosthetic components. The patient remained comfortable throughout the procedure, and postoperative pain management was continued during the recovery period.

3. Operative Note - Streptococcal Arthritis: The patient underwent wrist arthrodesis for streptococcal arthritis under local anesthesia with sedation. A suitable dose of local anesthetic was administered, providing adequate pain relief during the procedure. The affected joint was meticulously prepared, and fixation was achieved using plates and screws. The patient remained stable and comfortable throughout the surgery, and postoperative pain management was continued as needed.

4. Operative Note - Polyarthritis: Surgical intervention was performed on the patient's elbows affected by polyarthritis under general anesthesia. A balanced anesthesia technique was employed, with appropriate doses of intravenous anesthetic agents and inhaled gases to maintain the patient's anesthesia depth and vital signs. The arthroscopic synovectomy procedure was executed successfully, achieving thorough removal of inflamed synovium. The patient was transferred to the post-anesthesia care unit in stable condition.

5. Operative Note - Streptococcal Arthritis: The patient underwent open synovectomy for streptococcal arthritis in the shoulder joint under regional anesthesia. A suitable dose of brachial plexus block was administered, ensuring adequate anesthesia and pain control during the procedure. The affected joint was thoroughly debrided, and infected synovium was excised meticulously. The patient remained comfortable throughout the surgery, and postoperative pain management was continued for optimal recovery.

6. Operative Note - Polyarthritis: Bilateral knee arthroscopy was performed on the patient with polyarthritis under general anesthesia. A balanced anesthesia technique was employed, with appropriate doses of intravenous and inhaled anesthetics to maintain the patient's anesthesia depth and vital signs. The arthroscopic procedure included meticulous synovial tissue removal and joint irrigation. The patient tolerated the procedure well, and postoperative pain management was initiated during the recovery period.

7. Operative Note - Streptococcal Arthritis: The patient underwent a hip joint aspiration and lavage procedure for streptococcal arthritis under local anesthesia with sedation. A suitable dose of local anesthetic was administered, providing effective pain relief during the procedure. The joint was aspirated, lavaged, and injected with a corticosteroid for symptom relief. The patient remained comfortable throughout the intervention, and post-procedural pain management was continued as needed.

8. Operative Note - Polyarthritis: Surgical intervention was performed on the patient's ankle joints affected by polyarthritis under regional anesthesia. A suitable dose of ankle block was administered, providing adequate anesthesia and pain control during the procedure. The arthroscopic synovectomy involved meticulous removal of inflamed synovium. The patient remained stable and comfortable

1. Operative Note - Streptococcal Arthritis: The patient underwent surgical intervention for streptococcal arthritis with significant bone erosion in the knee joint. A thorough arthrotomy was performed, exposing the joint space. Extensive debridement of necrotic bone and infected tissue was carried out. The joint was meticulously irrigated with antimicrobial solution. Bone grafting was performed to address the areas of bone loss. The incision was closed, and the patient received postoperative antibiotics and scheduled for regular follow-up.

2. Operative Note - Polyarthritis: Surgical intervention was performed on the patient's hands affected by polyarthritis with bone erosion. Bilateral synovectomy was executed through small incisions, addressing inflamed synovium and removing areas of bone erosion. Meticulous hemostasis was achieved. The wounds were closed, and the patient received postoperative pain management and hand therapy. Follow-up appointments were scheduled to monitor hand function, disease progression, and bone healing.

3. Operative Note - Streptococcal Arthritis: The patient presented with streptococcal arthritis in the hip joint, accompanied by significant bone erosion. A hip arthroplasty procedure was performed. The arthritic joint surfaces were meticulously excised, and bone resection was performed to address the areas of bone erosion. Prosthetic components were securely implanted, and soft tissues were repaired. The incision was closed, and the patient received postoperative pain management and physical therapy. Follow-up assessments were planned to monitor joint function and bone healing.

4. Operative Note - Polyarthritis: A surgical intervention was performed on the patient's ankles affected by polyarthritis with extensive bone erosion. Bilateral ankle arthrodesis was carried out using a fusion technique. The bone erosion areas were meticulously prepared, and fixation was achieved using screws and plates. Adequate alignment and stability were ensured. The incisions were closed, and the patient received postoperative pain management. Rehabilitation and weight-bearing instructions were provided, with regular follow-up appointments to assess bone fusion and joint recovery.

5. Operative Note - Streptococcal Arthritis: The patient underwent a synovectomy and joint debridement for streptococcal arthritis with bone erosion in the temporomandibular joint (TMJ). An arthroscopic approach was utilized, and inflamed synovium was meticulously resected, including areas of bone erosion. Copious irrigation with antimicrobial solution was performed. The incisions were closed, and the patient was prescribed antibiotics and advised on temporomandibular rest. Regular follow-up evaluations were scheduled to monitor TMJ function and bone healing.

6. Operative Note - Polyarthritis: The patient presented with polyarthritis involving the knee joints and significant bone erosion. Bilateral knee arthroplasty was performed to address the joint damage and bone erosion. The arthritic joint surfaces and areas of bone erosion were meticulously excised. Prosthetic components were securely implanted, and soft tissue balancing was achieved. Closure was performed, and the patient received postoperative pain management and rehabilitation. Follow-up appointments were scheduled to assess joint function and bone healing.

7. Operative Note - Streptococcal Arthritis: Surgical intervention was performed on the patient's shoulder joint affected by streptococcal arthritis with bone erosion. An open arthrotomy was performed, exposing the joint space. Extensive debridement of infected tissue and necrotic bone with erosion was carried out meticulously. The joint was thoroughly irrigated with antimicrobial solution. Bone grafting was performed to address the areas of bone loss. The incision was closed, and the patient received postoperative antibiotics and scheduled for regular follow-up.

8. Operative Note - Polyarthritis: A synovectomy and bone erosion management procedure were performed on the patient's elbows affected by polyarthritis. Bilateral arthroscopic synovectomy was carried out through small incisions, targeting inflamed synovium and areas of bone erosion. The joint spaces were meticulously irrigated and debrided. The wounds were closed, and the patient received postoperative pain management and physical therapy. Regular follow-up appointments were planned to monitor joint function, disease progression, and bone healing.

9. Operative Note - Streptococcal Arthritis: The patient presented with streptococcal arthritis affecting multiple joints, including the sacroiliac joint with bone erosion. A surgical intervention was performed using a minimally invasive approach. The joint was visualized using fluoroscopic guidance, and areas of bone erosion were meticulously addressed. Debridement of necrotic tissue and lavage with antimicrobial solution were carried out. Bone grafting was performed to fill the areas of bone loss. The incisions were closed, and the patient received antibiotics and scheduled for regular follow-up.

10. Operative Note - Polyarthritis: Surgical intervention was performed on the patient's cervical spine affected by polyarthritis with bone erosion. A decompressive laminectomy and fusion procedure were carried out to address neural compression and stabilize the spine. The affected vertebrae, along with areas of bone erosion, were meticulously exposed and prepared. Bone grafting and instrumentation were performed to achieve spinal stability. The incision was closed, and the patient received postoperative pain management and physical therapy. Follow-up imaging and assessments were planned to monitor bone healing and spinal fusion.

1. Operative Note - Streptococcal Arthritis: The patient underwent surgical intervention for streptococcal arthritis with severe bone pain in the hip joint. An open arthrotomy was performed, exposing the joint space. Extensive debridement of infected tissue and necrotic bone was carried out meticulously. The joint was thoroughly irrigated with antimicrobial solution. Allograft bone was used to fill the voids created by bone loss. The incision was closed, and the patient received postoperative pain management and scheduled for regular follow-up.

2. Operative Note - Polyarthritis: Surgical intervention was performed on the patient's hands affected by polyarthritis with severe bone pain. Bilateral synovectomy was executed through small incisions, targeting inflamed synovium and addressing areas of bone pain. Meticulous hemostasis was achieved. The wounds were closed, and the patient received postoperative pain management and hand therapy. Regular follow-up appointments were scheduled to monitor hand function, disease progression, and pain relief.

3. Operative Note - Streptococcal Arthritis: The patient presented with streptococcal arthritis in the knee joint, accompanied by severe bone pain. A knee arthroplasty procedure was performed to address the joint damage and relieve bone pain. The arthritic joint surfaces were meticulously excised, and prosthetic components were securely implanted. Soft tissues were repaired, ensuring proper alignment and stability. The incision was closed, and the patient received postoperative pain management and physical therapy. Follow-up assessments were planned to monitor joint function and pain relief.

4. Operative Note - Polyarthritis: The patient underwent bilateral ankle arthrodesis due to severe bone pain caused by polyarthritis. An incision was made over the affected ankles, and the arthritic joint surfaces were carefully prepared. Fixation was achieved using screws and plates to provide stability and alleviate bone pain. The incisions were closed, and the patient received postoperative pain management. Rehabilitation and weight-bearing instructions were provided, with regular follow-up appointments to assess pain relief and bone healing.

5. Operative Note - Streptococcal Arthritis: Surgical intervention was performed on the patient's shoulder joint affected by streptococcal arthritis with severe bone pain. An open arthrotomy was performed, exposing the joint space. Extensive debridement of infected tissue and necrotic bone with severe pain was carried out meticulously. The joint was thoroughly irrigated with antimicrobial solution. Allograft bone was used to address areas of bone loss and relieve pain. The incision was closed, and the patient received postoperative pain management and scheduled for regular follow-up.

6. Operative Note - Polyarthritis: A synovectomy and bone pain management procedure were performed on the patient's elbows affected by polyarthritis. Bilateral arthroscopic synovectomy was carried out through small incisions, targeting inflamed synovium and areas of severe bone pain. The joint spaces were meticulously irrigated, debrided, and pain relief was achieved. The wounds were closed, and the patient received postoperative pain management and physical therapy. Regular follow-up appointments were planned to monitor joint function, disease progression, and pain relief.

7. Operative Note - Streptococcal Arthritis: The patient presented with severe bone pain in the temporomandibular joint (TMJ) due to streptococcal arthritis. A surgical intervention was performed to address the pain and inflammation. An arthroscopic approach was utilized, and inflamed synovium was meticulously resected, including areas of severe bone pain. Copious irrigation with antimicrobial solution was performed. The incisions were closed, and the patient received postoperative pain management and advised on temporomandibular rest. Regular follow-up evaluations were scheduled to monitor TMJ function and pain relief.

8. Operative Note - Polyarthritis: The patient underwent surgical intervention for severe bone pain caused by polyarthritis in the cervical spine. A decompressive laminectomy and fusion procedure were carried out to alleviate neural compression and stabilize the spine. The affected vertebrae, along with areas of severe bone pain, were meticulously exposed and prepared. Bone grafting and instrumentation were performed to achieve spinal stability and provide pain relief. The incision was closed, and the patient received postoperative pain management and physical therapy. Follow-up imaging and assessments were planned to monitor pain relief and spinal fusion.

9. Operative Note - Streptococcal Arthritis: The patient presented with severe bone pain in the sacroiliac joint due to streptococcal arthritis. A surgical intervention was performed using a minimally invasive approach to address the pain. The joint was visualized using fluoroscopic guidance, and areas of severe bone pain were meticulously treated. Debridement of necrotic tissue and lavage with antimicrobial solution were carried out. The incisions were closed, and the patient received postoperative pain management and antibiotics. Regular follow-up evaluations were scheduled to monitor pain relief and joint recovery.

10. Operative Note - Polyarthritis: Surgical intervention was performed on the patient's knee joints affected by polyarthritis with severe bone pain. Bilateral knee arthroscopy was carried out to alleviate pain and address the underlying inflammation. Inflamed synovium was meticulously resected, and areas of severe bone pain were debrided. The joint spaces were thoroughly irrigated, providing pain relief. The wounds were closed, and the patient received postoperative pain management and physical therapy. Regular follow-up appointments were planned to monitor joint function, pain relief, and disease progression.

1. Operative Note - Streptococcal Arthritis: The patient underwent a surgical intervention for streptococcal arthritis involving the knee joint. An open arthrotomy was performed, exposing the joint space. Extensive debridement of infected tissue and necrotic synovium was meticulously carried out. The joint was thoroughly irrigated with antimicrobial solution. Posterior cruciate ligament reconstruction was performed to restore stability. The incision was closed, and the patient received postoperative antibiotics and pain management. Regular follow-up was scheduled to assess joint function and infection control.

2. Operative Note - Polyarthritis: Surgical intervention was performed on the patient's wrists affected by polyarthritis. Bilateral synovectomy and tendon repair were executed through small incisions. The inflamed synovium was meticulously resected, followed by repair of damaged tendons. Hemostasis was achieved, and the wounds were closed. The patient received postoperative pain management and hand therapy. Regular follow-up appointments were scheduled to monitor hand function and disease progression.

3. Operative Note - Streptococcal Arthritis: The patient underwent a surgical intervention for streptococcal arthritis involving the hip joint. An anterior approach was utilized, and the joint was exposed. Extensive debridement of infected tissue and necrotic bone was carried out meticulously. Copious irrigation with antimicrobial solution was performed. A hip resurfacing procedure was performed to restore joint integrity. The incision was closed, and the patient received postoperative antibiotics and scheduled for regular follow-up.

4. Operative Note - Polyarthritis: Surgical intervention was performed on the patient's ankles affected by polyarthritis. Bilateral ankle arthroscopy and joint debridement were carried out through small incisions. Inflamed synovium was meticulously excised, and loose bodies were removed. The joint was thoroughly irrigated with saline solution. The patient received postoperative pain management and ankle immobilization. Rehabilitation and weight-bearing instructions were provided, with regular follow-up appointments to assess joint function and recovery.

5. Operative Note - Streptococcal Arthritis: The patient underwent a surgical intervention for streptococcal arthritis involving the temporomandibular joint (TMJ). An arthrocentesis procedure was performed to lavage the joint and alleviate pain. A small-gauge needle was used to access the joint space, and saline solution was injected and aspirated to remove debris. The patient received postoperative pain management and was advised on temporomandibular rest. Regular follow-up evaluations were scheduled to monitor TMJ function and pain relief.

6. Operative Note - Polyarthritis: The patient underwent a surgical intervention for polyarthritis involving the elbows. Bilateral arthroscopic synovectomy and debridement were performed through small incisions. The inflamed synovium was meticulously resected, and loose bodies were removed. The joint spaces were thoroughly irrigated, providing pain relief. The patient received postoperative pain management and physical therapy. Regular follow-up appointments were scheduled to monitor joint function, disease progression, and pain relief.

7. Operative Note - Streptococcal Arthritis: The patient presented with streptococcal arthritis affecting multiple joints, including the shoulder. A surgical intervention was performed using an open arthrotomy approach. Extensive debridement of infected tissue and necrotic synovium was carried out meticulously. The joint was thoroughly irrigated with antimicrobial solution. Bankart repair was performed to address instability. The incision was closed, and the patient received postoperative antibiotics and pain management. Regular follow-up evaluations were scheduled to assess joint function and infection control.

8. Operative Note - Polyarthritis: Surgical intervention was performed on the patient's knee joints affected by polyarthritis. Bilateral knee arthroplasty was carried out to address joint damage and restore function. The arthritic joint surfaces were meticulously excised, and prosthetic components were securely implanted. Soft tissues were repaired to ensure stability. The incisions were closed, and the patient received postoperative pain management and physical therapy. Regular follow-up appointments were planned to monitor joint function and recovery.

9. Operative Note - Streptococcal Arthritis: The patient underwent a surgical intervention for streptococcal arthritis involving the sacroiliac joint. An open approach was utilized, and the joint was exposed. Extensive debridement of infected tissue and necrotic synovium was carried out meticulously. The joint was thoroughly irrigated with antimicrobial solution. Sacroiliac joint fusion was performed to stabilize the joint. The incision was closed, and the patient received postoperative antibiotics and pain management. Regular follow-up evaluations were scheduled to assess joint function and infection control.

10. Operative Note - Polyarthritis: The patient underwent a surgical intervention for polyarthritis involving the cervical spine. An anterior cervical discectomy and fusion procedure were performed to alleviate nerve compression and restore stability. The affected disc was removed, and bone grafting was performed to promote fusion. The incision was closed, and the patient received postoperative pain management and physical therapy. Regular follow-up appointments were planned to monitor spinal fusion and recovery.

1. Operative Note - Streptococcal Arthritis: The patient underwent a surgical intervention for streptococcal arthritis involving the ankle joint. An open arthrotomy was performed, exposing the joint space. Extensive debridement of infected tissue, necrotic bone, and damaged cartilage was meticulously carried out. Copious irrigation with antimicrobial solution was performed. Ankle fusion was performed to address joint instability and pain. The incision was closed, and the patient received postoperative antibiotics and pain management. Regular follow-up was scheduled to assess joint function and infection control.

2. Operative Note - Polyarthritis: Surgical intervention was performed on the patient's hips affected by polyarthritis. Bilateral hip arthroplasty was carried out to address severe joint pain and functional impairment. The arthritic joint surfaces were meticulously excised, and prosthetic components were securely implanted. Soft tissues were repaired to ensure stability. The incisions were closed, and the patient received postoperative pain management and physical therapy. Regular follow-up appointments were planned to monitor joint function and recovery.

3. Operative Note - Streptococcal Arthritis: The patient underwent a surgical intervention for streptococcal arthritis involving the metacarpophalangeal (MCP) joints of the hands. An incision was made over the affected joints, and extensive synovectomy was performed, targeting infected synovial tissue. Debridement of necrotic bone and cartilage was carried out meticulously. The joints were thoroughly irrigated with antimicrobial solution. The incisions were closed, and the patient received postoperative pain management and hand therapy. Regular follow-up appointments were scheduled to monitor hand function and infection control.

4. Operative Note - Polyarthritis: Surgical intervention was performed on the patient's elbows affected by polyarthritis. Bilateral joint debridement and synovectomy were carried out through small incisions. The inflamed synovium and areas of bone erosion were meticulously resected. Loose bodies were removed, and the joint spaces were thoroughly irrigated. The patient received postoperative pain management and physical therapy. Regular follow-up appointments were scheduled to monitor joint function, disease progression, and pain relief.

5. Operative Note - Streptococcal Arthritis: The patient underwent a surgical intervention for streptococcal arthritis involving the temporomandibular joint (TMJ). An arthroplasty procedure was performed to address severe joint pain and dysfunction. The joint was exposed, and extensive debridement of infected tissue and necrotic bone was meticulously carried out. Copious irrigation with antimicrobial solution was performed. The incision was closed, and the patient received postoperative pain management and was advised on temporomandibular rest. Regular follow-up evaluations were scheduled to monitor TMJ function and pain relief.

6. Operative Note - Polyarthritis: The patient presented with polyarthritis affecting multiple joints, including the shoulder joint with severe pain and limited range of motion. Surgical intervention was performed using an arthroscopic approach. Extensive debridement of inflamed synovium and removal of loose bodies were meticulously carried out. The joint was thoroughly irrigated, providing pain relief. The patient received postoperative pain management and physical therapy. Regular follow-up appointments were planned to monitor joint function, disease progression, and pain relief.

7. Operative Note - Streptococcal Arthritis: The patient underwent a surgical intervention for streptococcal arthritis involving the sacroiliac joint. An open approach was utilized, and the joint was exposed. Extensive debridement of infected tissue and necrotic bone was carried out meticulously. Copious irrigation with antimicrobial solution was performed. Sacroiliac joint stabilization was achieved using internal fixation. The incision was closed, and the patient received postoperative antibiotics and pain management. Regular follow-up evaluations were scheduled to assess joint function and infection control.

8. Operative Note - Polyarthritis: Surgical intervention was performed on the patient's knees affected by polyarthritis. Bilateral knee synovectomy and joint debridement were carried out to address severe pain and inflammation. The inflamed synovium was meticulously resected, and loose bodies were removed. The joint spaces were thoroughly irrigated, providing pain relief. The patient received postoperative pain management and physical therapy. Regular follow-up appointments were scheduled to monitor joint function, disease progression, and pain relief.

9. Operative Note - Streptococcal Arthritis: The patient presented with streptococcal arthritis involving the wrist joint with severe pain and limited mobility. A surgical intervention was performed, and an open arthrotomy was carried out. Extensive debridement of infected synovium, necrotic bone, and damaged cartilage was meticulously performed. Copious irrigation with antimicrobial solution was carried out. The incision was closed, and the patient received postoperative antibiotics and pain management. Regular follow-up appointments were scheduled to monitor wrist function, infection control, and pain relief.

10. Operative Note - Polyarthritis: The patient underwent a surgical intervention for polyarthritis involving the cervical spine. An anterior cervical discectomy and fusion procedure were performed to alleviate severe pain and restore stability. The affected discs were removed, and bone grafting was performed to promote fusion. The incision was closed, and the patient received postoperative pain management and physical therapy. Regular follow-up appointments were planned to monitor spinal fusion and recovery.

1. Operative Note - Severe Infection on Extreme Moving Joint: The patient underwent surgical intervention for severe infection affecting the shoulder joint due to streptococcal arthritis. An open arthrotomy was performed, exposing the joint space. Extensive debridement of infected tissue, including necrotic bone and cartilage, was meticulously carried out. Copious irrigation with antimicrobial solution was performed. The joint was stabilized, and a drain was placed for continuous irrigation. The incision was closed, and the patient received postoperative antibiotics and pain management. Regular follow-up was scheduled to assess joint function and infection control.

2. Operative Note - Severe Infection on Extreme Moving Joint: Surgical intervention was performed on the patient's hip joint affected by severe infection due to polyarthritis. An anterior approach was utilized, and the joint was exposed. Extensive debridement of infected tissue, including necrotic bone and synovium, was meticulously carried out. Copious irrigation with antimicrobial solution was performed. The joint was stabilized with fixation hardware, and a drain was placed for continuous irrigation. The incision was closed, and the patient received postoperative antibiotics and pain management. Regular follow-up appointments were planned to monitor joint function and infection control.

3. Operative Note - Severe Infection on Extreme Moving Joint: The patient underwent a surgical intervention for severe infection affecting the knee joint due to streptococcal arthritis. An open arthrotomy was performed, exposing the joint space. Extensive debridement of infected tissue, including necrotic bone and cartilage, was meticulously carried out. Copious irrigation with antimicrobial solution was performed. The joint was stabilized using internal fixation, and a drain was placed for continuous irrigation. The incision was closed, and the patient received postoperative antibiotics and pain management. Regular follow-up evaluations were scheduled to assess joint function and infection control.

4. Operative Note - Severe Infection on Extreme Moving Joint: Surgical intervention was performed on the patient's wrist joint affected by severe infection due to polyarthritis. An open arthrotomy was performed, exposing the joint space. Extensive debridement of infected synovium, necrotic bone, and damaged cartilage was meticulously carried out. Copious irrigation with antimicrobial solution was performed. The joint was stabilized with internal fixation, and a drain was placed for continuous irrigation. The incision was closed, and the patient received postoperative antibiotics and pain management. Regular follow-up appointments were scheduled to monitor joint function and infection control.

5. Operative Note - Severe Infection on Extreme Moving Joint: The patient underwent a surgical intervention for severe infection affecting the temporomandibular joint (TMJ) due to streptococcal arthritis. An arthrocentesis procedure was performed, lavaging the joint to remove infected material and debris. The joint was meticulously debrided, including necrotic bone, to eliminate the source of infection. Copious irrigation with antimicrobial solution was performed. The incision was closed, and the patient received postoperative antibiotics and pain management. Regular follow-up evaluations were scheduled to assess TMJ function and infection control.

6. Operative Note - Severe Infection on Extreme Moving Joint: Surgical intervention was performed on the patient's ankle joint affected by severe infection due to polyarthritis. An open arthrotomy was performed, exposing the joint space. Extensive debridement of infected tissue, including necrotic bone and synovium, was meticulously carried out. Copious irrigation with antimicrobial solution was performed. The joint was stabilized using internal fixation, and a drain was placed for continuous irrigation. The incision was closed, and the patient received postoperative antibiotics and pain management. Regular follow-up appointments were scheduled to monitor joint function and infection control.

7. Operative Note - Severe Infection on Extreme Moving Joint: The patient underwent a surgical intervention for severe infection affecting the elbow joint due to streptococcal arthritis. An open arthrotomy was performed, exposing the joint space. Extensive debridement of infected tissue, including necrotic bone and synovium, was meticulously carried out. Copious irrigation with antimicrobial solution was performed. The joint was stabilized using internal fixation, and a drain was placed for continuous irrigation. The incision was closed, and the patient received postoperative antibiotics and pain management. Regular follow-up evaluations were scheduled to assess joint function and infection control.

8. Operative Note - Severe Infection on Extreme Moving Joint: Surgical intervention was performed on the patient's metacarpophalangeal (MCP) joints affected by severe infection due to polyarthritis. An open arthrotomy was performed, exposing the joint space. Extensive debridement of infected synovium, necrotic bone, and damaged cartilage was meticulously carried out. Copious irrigation with antimicrobial solution was performed. The joints were stabilized using internal fixation, and a drain was placed for continuous irrigation. The incisions were closed, and the patient received postoperative antibiotics and pain management. Regular follow-up appointments were scheduled to monitor joint function and infection control.

9. Operative Note - Severe Infection on Extreme Moving Joint: The patient underwent a surgical intervention for severe infection affecting the shoulder joint due to streptococcal arthritis. An open arthrotomy was performed, exposing the joint space. Extensive debridement of infected tissue, including necrotic bone and cartilage, was meticulously carried out. Copious irrigation with antimicrobial solution was performed. The joint was stabilized using an external fixator, and a drain was placed for continuous irrigation. The incision was closed, and the patient received postoperative antibiotics and pain management. Regular follow-up was scheduled to assess joint function and infection control.

10. Operative Note - Severe Infection on Extreme Moving Joint: Surgical intervention was performed on the patient's hip joint affected by severe infection due to polyarthritis. An anterior approach was utilized, and the joint was exposed. Extensive debridement of infected tissue, including necrotic bone and synovium, was meticulously carried out. Copious irrigation with antimicrobial solution was performed. The joint was stabilized with an external fixator, and a drain was placed for continuous irrigation. The incision was closed, and the patient received postoperative antibiotics and pain management. Regular follow-up appointments were planned to monitor joint function and infection control.

1. Operative Note - Inflammation Variation: The patient underwent surgical intervention for streptococcal arthritis in the knee joint with moderate inflammation. An arthroscopic approach was utilized, and inflamed synovium was meticulously resected. Copious irrigation with saline solution was performed to reduce inflammation. Joint lavage was carried out, and the incisions were closed. The patient received postoperative pain management and physical therapy. Regular follow-up appointments were scheduled to monitor joint function and inflammation levels.

2. Operative Note - Inflammation Variation: Surgical intervention was performed on the patient's ankles affected by polyarthritis with severe inflammation. Bilateral synovectomy and joint debridement were carried out through small incisions. The inflamed synovium was meticulously excised, aiming to reduce inflammation. The joint spaces were thoroughly irrigated with saline solution. The patient received postoperative pain management and ankle immobilization. Rehabilitation and regular follow-up appointments were planned to assess joint function and monitor inflammation levels.

3. Operative Note - Inflammation Variation: The patient presented with severe inflammation in the temporomandibular joint (TMJ) due to streptococcal arthritis. A surgical intervention was performed, and an arthrocentesis procedure was carried out. The joint was lavaged with saline solution to reduce inflammation. Infected synovial tissue was meticulously excised, aiming to alleviate inflammation. The incisions were closed, and the patient received postoperative pain management and was advised on temporomandibular rest. Regular follow-up evaluations were scheduled to monitor TMJ function and inflammation levels.

4. Operative Note - Inflammation Variation: The patient underwent a synovectomy and joint debridement for polyarthritis with moderate inflammation in the knee joint. An arthroscopic approach was utilized, and inflamed synovium was meticulously resected. Copious irrigation with saline solution was performed to reduce inflammation. Loose bodies were removed, and the joint was thoroughly inspected. The incisions were closed, and the patient received postoperative pain management and physical therapy. Regular follow-up appointments were planned to assess joint function and monitor inflammation levels.

5. Operative Note - Inflammation Variation: Surgical intervention was performed on the patient's shoulder joint affected by streptococcal arthritis with mild inflammation. An open arthrotomy was carried out, exposing the joint space. Partial synovectomy was performed, addressing the inflamed synovium. The joint was thoroughly irrigated with saline solution to reduce inflammation. The incision was closed, and the patient received postoperative antibiotics and pain management. Regular follow-up evaluations were scheduled to monitor joint function and inflammation levels.

6. Operative Note - Inflammation Variation: The patient underwent a surgical intervention for polyarthritis involving the metacarpophalangeal (MCP) joints with severe inflammation. An incision was made over the affected joints, and inflamed synovium was meticulously excised. Copious irrigation with saline solution was performed to reduce inflammation. The incisions were closed, and the patient received postoperative pain management and hand therapy. Regular follow-up appointments were scheduled to monitor hand function and inflammation levels.

7. Operative Note - Inflammation Variation: Surgical intervention was performed on the patient's hips affected by polyarthritis with moderate inflammation. Bilateral hip arthroplasty was carried out to address joint damage and inflammation. The arthritic joint surfaces were meticulously excised, and prosthetic components were securely implanted. Soft tissues were repaired to ensure stability. The incisions were closed, and the patient received postoperative pain management and physical therapy. Regular follow-up appointments were planned to monitor joint function and inflammation levels.

8. Operative Note - Inflammation Variation: The patient presented with severe inflammation in the sacroiliac joint due to streptococcal arthritis. A surgical intervention was performed using a minimally invasive approach. The joint was visualized using fluoroscopic guidance, and inflamed synovium was meticulously excised. Copious irrigation with saline solution was performed to reduce inflammation. The incisions were closed, and the patient received postoperative antibiotics and pain management. Regular follow-up evaluations were scheduled to monitor joint function and inflammation levels.

9. Operative Note - Inflammation Variation: Surgical intervention was performed on the patient's wrists affected by polyarthritis with mild inflammation. Bilateral synovectomy was executed through small incisions, targeting inflamed synovium. The inflamed tissue was meticulously resected to reduce inflammation. The joint spaces were thoroughly irrigated with saline solution. The patient received postoperative pain management and hand therapy. Regular follow-up appointments were scheduled to monitor hand function and inflammation levels.

10. Operative Note - Inflammation Variation: The patient underwent a surgical intervention for streptococcal arthritis involving the cervical spine with moderate inflammation. An anterior cervical discectomy and fusion procedure were performed to address severe inflammation and restore stability. The affected discs were removed, and bone grafting was performed. Copious irrigation with saline solution was carried out to reduce inflammation. The incision was closed, and the patient received postoperative pain management and physical therapy. Regular follow-up appointments were planned to monitor spinal fusion and inflammation levels.

1. Operative Note - Severity-based Follow-up: The patient underwent surgical intervention for severe streptococcal arthritis in the knee joint. A thorough arthrotomy was performed, and extensive debridement of infected tissue and necrotic bone was meticulously carried out. The joint was thoroughly irrigated with antimicrobial solution. Due to the severity of the condition, the patient will be closely monitored with frequent follow-up appointments to assess joint function, manage pain, and track the response to treatment.

2. Operative Note - Severity-based Follow-up: Surgical intervention was performed on the patient's ankles affected by polyarthritis with moderate severity. Bilateral arthroscopy and joint debridement were carried out to address inflammation and pain. The inflamed synovium was meticulously resected, and loose bodies were removed. Follow-up appointments will be scheduled based on the severity of the condition, with closer monitoring initially to ensure proper healing and pain management.

3. Operative Note - Severity-based Follow-up: The patient underwent a synovectomy and joint debridement for streptococcal arthritis in the elbow joint. The severity of the infection required thorough removal of infected synovium and necrotic tissue. The joint was irrigated with antimicrobial solution. Follow-up appointments will be determined based on the severity of the diagnosis, with frequent evaluations initially to monitor infection control and joint recovery.

4. Operative Note - Severity-based Follow-up: Surgical intervention was performed on the patient's hips affected by severe polyarthritis. Bilateral hip arthroplasty was carried out to address joint damage and functional impairment. Due to the severity of the condition, the patient will have close follow-up appointments to monitor postoperative healing, joint stability, and pain management. Regular imaging and assessments will be scheduled based on the severity of the diagnosis.

5. Operative Note - Severity-based Follow-up: The patient underwent a surgical intervention for streptococcal arthritis in the temporomandibular joint (TMJ). The severity of the inflammation required meticulous removal of infected synovium and necrotic bone. The joint was lavaged with antimicrobial solution. Follow-up appointments will be based on the severity of the diagnosis, with closer monitoring initially to assess TMJ function, infection control, and pain management.

6. Operative Note - Severity-based Follow-up: Surgical intervention was performed on the patient's wrists affected by polyarthritis with mild severity. Bilateral synovectomy was executed through small incisions to address inflammation and improve joint function. Follow-up appointments will be scheduled based on the severity of the condition, with less frequent evaluations initially to monitor hand function, disease progression, and pain management.

7. Operative Note - Severity-based Follow-up: The patient underwent surgical intervention for streptococcal arthritis in the sacroiliac joint with moderate severity. A minimally invasive approach was utilized, and infected synovium and necrotic tissue were meticulously removed. Follow-up appointments will be determined based on the severity of the diagnosis, with regular evaluations initially to assess joint function, infection control, and pain management.

8. Operative Note - Severity-based Follow-up: Surgical intervention was performed on the patient's knees affected by polyarthritis with severe severity. Bilateral knee arthroplasty was carried out to address joint damage and functional impairment. Due to the severity of the condition, the patient will have frequent follow-up appointments to monitor postoperative healing, joint stability, and pain management. Regular imaging and assessments will be scheduled based on the severity of the diagnosis.

9. Operative Note - Severity-based Followup: The patient underwent a surgical intervention for streptococcal arthritis in the cervical spine with moderate severity. An anterior cervical discectomy and fusion procedure were performed to address inflammation and stabilize the spine. Follow-up appointments will be based on the severity of the diagnosis, with regular evaluations initially to monitor spinal fusion, pain management, and neurological function.

10. Operative Note - Severity-based Follow-up: Surgical intervention was performed on the patient's elbows affected by polyarthritis with mild severity. Bilateral arthroscopic synovectomy and debridement were carried out to address inflammation and pain. Follow-up appointments will be scheduled based on the severity of the condition, with less frequent evaluations initially to monitor joint function, disease progression, and pain management.

## M00.8 Arthritis and polyarthritis due to other specified bacterial agents

Patient presented with severe arthritis due to bacterial infection. A sterile field was established, and a longitudinal incision was made over the affected joint. The joint capsule was opened, revealing inflamed synovial tissue. Thorough irrigation was performed, and the infected tissue was debrided. A culture was obtained for identification of the bacterial agent. The joint was then closed in layers. The patient tolerated the procedure well.

Arthritis caused by a specific bacterial agent was diagnosed in the patient. A surgical approach was chosen, and an incision was made over the affected joint. The joint space was entered, and infected synovial tissue was visualized. Extensive debridement was performed, followed by copious irrigation with sterile saline solution. A sample was collected for culture and sensitivity testing. The joint was meticulously closed, and the patient's postoperative course was uneventful.

Polyarthritis resulting from a bacterial infection was evident in the patient. Aseptic technique was employed, and an incision was made to access the affected joints. The synovium displayed signs of inflammation, and a synovial biopsy was taken for analysis. Copious irrigation was performed to clear any infectious agents. The incision was closed, and the patient recovered without complications.

The patient's clinical presentation was consistent with arthritis due to a bacterial agent. A sterile field was established, and a medial approach was utilized to access the involved joint. The synovium appeared inflamed and was thoroughly debrided. Copious irrigation with a bactericidal solution was performed. Cultures were obtained for identification and sensitivity testing. The joint was meticulously closed, and the patient's recovery was uneventful.

The patient was diagnosed with polyarthritis attributed to a specific bacterial agent. Sterile precautions were taken, and a dorsal incision was made to access the affected joints. The synovium was found to be hypertrophic and inflamed. Debridement and irrigation were carried out meticulously. Synovial fluid and tissue samples were obtained for further evaluation. The incision was closed in layers, and the patient's postoperative period was uncomplicated.

Arthritis secondary to a known bacterial agent was identified in the patient. A surgical approach was chosen, and a lateral incision was made to expose the affected joint. Inflamed synovial tissue was encountered and thoroughly excised. The joint was irrigated extensively, and samples were collected for microbiological examination. The wound was closed meticulously, and the patient experienced an uneventful recovery.

Polyarthritis caused by a specified bacterial agent was confirmed in the patient. Sterile technique was employed, and a midline incision was made to access the affected joints. Inflamed synovial tissue was observed and excised. Copious irrigation with bactericidal solution was performed. Synovial fluid was collected for analysis. The incision was closed in layers, and the patient progressed well postoperatively.

The patient presented with arthritis related to a particular bacterial agent. A sterile field was established, and a surgical approach was utilized to expose the affected joint. The synovium displayed signs of inflammation and was meticulously debrided. Thorough irrigation was performed using a bactericidal solution. Samples were collected for microbial analysis. The joint was closed layer by layer, and the patient had an uneventful postoperative course.

Polyarthritis due to an identified bacterial agent was diagnosed in the patient. Sterile precautions were taken, and an incision was made to expose the involved joints. The synovium was found to be inflamed and was extensively debrided. The joint was irrigated meticulously, and samples were obtained for culture and sensitivity testing. The incision was closed, and the patient recovered without complications.

The patient exhibited symptoms of arthritis caused by a specific bacterial agent. A sterile field was established, and a standard incision was made to access the affected joint. Inflamed synovial tissue was observed and thoroughly removed. The joint was irrigated copiously, and samples were collected for microbiological examination. The incision was closed meticulously, and the patient's recovery was uneventful.

Arthritis and polyarthritis due to a specified bacterial agent were evident in the patient. Sterile technique was employed, and an arthrotomy was performed to access the affected joints. Inflamed synovium was visualized and excised. Thorough irrigation with antibiotic solution was conducted. Synovial fluid and tissue samples were obtained for culture and sensitivity testing. The joint was meticulously closed in layers, and the patient's postoperative course was uncomplicated.

The patient presented with arthritis caused by a known bacterial agent. A sterile field was established, and an incision was made to expose the affected joint. Inflamed synovial tissue was encountered and thoroughly debrided. Copious irrigation with a bactericidal solution was performed. Cultures were obtained for identification and susceptibility testing. The joint was meticulously closed, and the patient tolerated the procedure well.

Polyarthritis resulting from a bacterial infection was diagnosed in the patient. A surgical approach was chosen, and an incision was made to access the involved joints. The synovium displayed signs of inflammation and was meticulously debrided. Copious irrigation with antibiotic solution was performed. Samples were obtained for further analysis. The incision was closed, and the patient's postoperative recovery was uneventful.

The patient's clinical presentation indicated arthritis due to a specified bacterial agent. A sterile field was established, and a medial approach was employed to access the affected joint. The synovium was found to be inflamed and was meticulously debrided. Thorough irrigation with antibiotic solution was performed. Synovial fluid and tissue samples were collected for analysis. The incision was closed in layers, and the patient had a satisfactory postoperative outcome.

Arthritis secondary to a known bacterial agent was identified in the patient. Sterile precautions were taken, and a dorsal incision was made to expose the affected joints. The synovium appeared inflamed and was thoroughly debrided. Copious irrigation with antibiotic solution was carried out. Synovial fluid and tissue samples were obtained for laboratory analysis. The incision was closed meticulously, and the patient's recovery was uneventful.

Polyarthritis caused by a specified bacterial agent was confirmed in the patient. Sterile technique was employed, and a lateral incision was made to access the affected joints. Inflamed synovial tissue was encountered and excised. The joint was irrigated extensively with antibiotic solution. Samples were collected for microbiological examination. The wound was closed meticulously, and the patient experienced an uneventful postoperative course.

Arthritis resulting from a specified bacterial agent was diagnosed in the patient. A sterile field was established, and a midline incision was made to expose the involved joint. Inflamed synovial tissue was observed and thoroughly excised. Thorough irrigation with a bactericidal solution was performed. Samples were collected for microbial analysis. The incision was closed meticulously, and the patient's postoperative recovery was satisfactory.

Polyarthritis due to an identified bacterial agent was diagnosed in the patient. Sterile precautions were taken, and an incision was made to access the affected joints. The synovium displayed signs of inflammation and was meticulously debrided. Copious irrigation with antibiotic solution was performed. Samples were collected for culture and sensitivity testing. The incision was closed in layers, and the patient progressed well postoperatively.

The patient presented with arthritis caused by a specific bacterial agent. A sterile field was established, and a surgical approach was utilized to expose the affected joint. The synovium displayed signs of inflammation and was thoroughly debrided. Thorough irrigation with a bactericidal solution was performed. Samples were collected for microbiological examination. The joint was closed layer by layer, and the patient's recovery was uneventful.

Polyarthritis due to a specified bacterial agent was evident in the patient. Sterile technique was employed, and an arthrotomy was performed to access the affected joints. Inflamed synovium was observed and excised. Copious irrigation with antibiotic solution was conducted. Synovial fluid and tissue samples were obtained for culture and sensitivity testing. The incision was closed meticulously, and the patient recovered without complications.

The patient presented with arthritis and polyarthritis caused by a specified bacterial agent. After induction of general anesthesia with appropriate dosage, a sterile field was established. An incision was made over the affected joint, and the joint capsule was opened. Debridement of infected synovial tissue was performed meticulously. Copious irrigation with antibiotic solution was carried out. The joint was closed in layers, and the patient recovered well postoperatively.

Arthritis due to a known bacterial agent was diagnosed in the patient. After administering local anesthesia with appropriate dosage, a surgical approach was chosen. An incision was made to expose the affected joint, and the synovium was found to be inflamed. Thorough debridement and irrigation were performed. Cultures were obtained for identification of the bacterial agent. The joint was meticulously closed, and the patient's recovery was uneventful.

Polyarthritis resulting from a bacterial infection was evident in the patient. After administering spinal anesthesia with appropriate dosage, a dorsal incision was made to access the involved joints. Inflamed synovial tissue was encountered and thoroughly debrided. Copious irrigation with antibiotic solution was performed. Samples were collected for microbiological analysis. The incision was closed meticulously, and the patient had a satisfactory postoperative outcome.

The patient's clinical presentation indicated arthritis caused by a specific bacterial agent. After administering regional anesthesia with appropriate dosage, a medial approach was employed to access the affected joint. The synovium was found to be inflamed and was meticulously debrided. Thorough irrigation with antibiotic solution was performed. Synovial fluid and tissue samples were collected for analysis. The incision was closed in layers, and the patient had a successful recovery.

Arthritis secondary to a known bacterial agent was identified in the patient. After administering general anesthesia with appropriate dosage, a lateral incision was made to expose the affected joints. Inflamed synovial tissue was encountered and thoroughly excised. Copious irrigation with antibiotic solution was carried out. Synovial fluid and tissue samples were obtained for laboratory analysis. The incision was closed meticulously, and the patient experienced an uneventful postoperative course.

Polyarthritis caused by a specified bacterial agent was confirmed in the patient. After administering local anesthesia with appropriate dosage, a surgical approach was utilized, and a midline incision was made to expose the affected joints. Inflamed synovial tissue was encountered and excised. Thorough irrigation with antibiotic solution was performed. Samples were collected for microbial examination. The wound was closed meticulously, and the patient's postoperative recovery was satisfactory.

Arthritis resulting from a specified bacterial agent was diagnosed in the patient. After administering spinal anesthesia with appropriate dosage, a dorsal incision was made to expose the involved joint. Inflamed synovial tissue was observed and thoroughly debrided. Copious irrigation with antibiotic solution was performed. Samples were collected for culture and sensitivity testing. The incision was closed meticulously, and the patient had an uneventful postoperative course.

Polyarthritis due to an identified bacterial agent was diagnosed in the patient. After administering regional anesthesia with appropriate dosage, an incision was made to access the affected joints. The synovium displayed signs of inflammation and was meticulously debrided. Copious irrigation with antibiotic solution was performed. Samples were collected for culture and sensitivity testing. The incision was closed in layers, and the patient progressed well postoperatively.

The patient presented with arthritis caused by a specific bacterial agent. After administering general anesthesia with appropriate dosage, a sterile field was established, and a surgical approach was employed to expose the affected joint. The synovium displayed signs of inflammation and was thoroughly debrided. Thorough irrigation with a bactericidal solution was performed. Samples were collected for microbiological examination. The joint was closed layer by layer, and the patient's recovery was uneventful.

Polyarthritis due to a specified bacterial agent was evident in the patient. After administering regional anesthesia with appropriate dosage, an arthrotomy was performed to access the affected joints. Inflamed synovium was observed and excised. Copious irrigation with antibiotic solution was conducted. Synovial fluid and tissue samples were obtained for culture and sensitivity testing. The incision was closed meticulously, and the patient recovered without complications.

The patient presented with arthritis and polyarthritis due to a specified bacterial agent, accompanied by bone erosion. After induction of general anesthesia with appropriate dosage, a sterile field was established. An incision was made over the affected joint, revealing inflamed synovial tissue and significant bone erosion. Debridement of infected tissue and bone was performed meticulously. Copious irrigation with antibiotic solution was carried out. The joint was closed in layers, and the patient's postoperative course was closely monitored.

Arthritis caused by a known bacterial agent, with concurrent bone erosion, was diagnosed in the patient. After administering local anesthesia with appropriate dosage, a surgical approach was chosen. An incision was made to expose the affected joint, revealing inflamed synovium and significant bone erosion. Thorough debridement of infected tissue and bone was performed. Cultures were obtained for identification of the bacterial agent. The joint was meticulously closed, and the patient's recovery was closely monitored.

Polyarthritis resulting from a bacterial infection, with associated bone erosion, was evident in the patient. After administering spinal anesthesia with appropriate dosage, a dorsal incision was made to access the involved joints. Inflamed synovial tissue and bone erosion were encountered and thoroughly debrided. Copious irrigation with antibiotic solution was performed. Samples were collected for microbiological analysis. The incision was closed meticulously, and the patient's postoperative recovery was closely monitored.

The patient presented with arthritis caused by a specific bacterial agent, along with bone erosion. After administering general anesthesia with appropriate dosage, a medial approach was employed to access the affected joint. The synovium displayed signs of inflammation, and significant bone erosion was evident. Thorough debridement of infected tissue and bone was performed. Thorough irrigation with antibiotic solution was conducted. Synovial fluid and tissue samples were collected for analysis. The incision was closed in layers, and the patient's recovery was closely monitored.

Arthritis secondary to a known bacterial agent, with concurrent bone erosion, was identified in the patient. After administering local anesthesia with appropriate dosage, a lateral incision was made to expose the affected joints. Inflamed synovial tissue and bone erosion were encountered and thoroughly excised. Copious irrigation with antibiotic solution was carried out. Synovial fluid and tissue samples were obtained for laboratory analysis. The incision was closed meticulously, and the patient's postoperative course was closely monitored.

Polyarthritis caused by a specified bacterial agent, with associated bone erosion, was confirmed in the patient. After administering regional anesthesia with appropriate dosage, a surgical approach was utilized, and a midline incision was made to expose the affected joints. Inflamed synovial tissue and bone erosion were encountered and thoroughly debrided. Copious irrigation with antibiotic solution was performed. Samples were collected for microbial examination. The wound was closed meticulously, and the patient's recovery was closely monitored.

Arthritis resulting from a specified bacterial agent, with concurrent bone erosion, was diagnosed in the patient. After administering spinal anesthesia with appropriate dosage, a dorsal incision was made to expose the involved joint. Inflamed synovial tissue and significant bone erosion were observed and thoroughly debrided. Copious irrigation with antibiotic solution was performed. Samples were collected for culture and sensitivity testing. The incision was closed meticulously, and the patient's postoperative course was closely monitored.

Polyarthritis due to an identified bacterial agent, with associated bone erosion, was diagnosed in the patient. After administering regional anesthesia with appropriate dosage, an incision was made to access the affected joints. The synovium displayed signs of inflammation, and significant bone erosion was observed. Thorough debridement of infected tissue and bone was performed. Copious irrigation with antibiotic solution was carried out. Samples were collected for culture and sensitivity testing. The incision was closed in layers, and the patient's recovery was closely monitored.

The patient presented with arthritis caused by a specific bacterial agent, with concurrent bone erosion. After administering general anesthesia with appropriate dosage, a sterile field was established, and a surgical approach was employed to expose the affected joint. The synovium displayed signs of inflammation, and significant bone erosion was noted. Thorough debridement of infected tissue and bone was performed. Thorough irrigation with a bactericidal solution was conducted. Samples were collected for microbiological examination. The joint was closed layer by layer, and the patient's recovery was closely monitored.

Polyarthritis due to a specified bacterial agent, with associated bone erosion, was evident in the patient. After administering regional anesthesia with appropriate dosage, an arthrotomy was performed to access the affected joints. Inflamed synovial tissue and significant bone erosion were observed and excised. Copious irrigation with antibiotic solution was conducted. Synovial fluid and tissue samples were obtained for culture and sensitivity testing. The incision was closed meticulously, and the patient's recovery was closely monitored.

The patient presented with severe bone pain accompanied by arthritis caused by a known bacterial agent. After induction of general anesthesia with appropriate dosage, a sterile field was established. An incision was made over the affected joint, revealing inflamed synovial tissue and significant bone erosion. Debridement of infected tissue and bone was performed meticulously. Copious irrigation with antibiotic solution was carried out. The joint was closed in layers, and the patient's postoperative course was closely monitored to assess relief from severe bone pain.

Arthritis caused by a specified bacterial agent, with severe bone pain, was diagnosed in the patient. After administering local anesthesia with appropriate dosage, a surgical approach was chosen. An incision was made to expose the affected joint, revealing inflamed synovium and significant bone erosion. Thorough debridement of infected tissue and bone was performed. Cultures were obtained for identification of the bacterial agent. The joint was meticulously closed, and the patient's recovery was closely monitored for alleviation of severe bone pain.

Polyarthritis resulting from a bacterial infection, with severe bone pain, was evident in the patient. After administering spinal anesthesia with appropriate dosage, a dorsal incision was made to access the involved joints. Inflamed synovial tissue and significant bone erosion were encountered and thoroughly debrided. Copious irrigation with antibiotic solution was performed. Samples were collected for microbiological analysis. The incision was closed meticulously, and the patient's postoperative recovery was closely monitored to assess improvement in severe bone pain.

The patient presented with arthritis caused by a specific bacterial agent, accompanied by severe bone pain. After administering general anesthesia with appropriate dosage, a medial approach was employed to access the affected joint. The synovium displayed signs of inflammation, significant bone erosion, and severe bone pain. Thorough debridement of infected tissue and bone was performed. Thorough irrigation with antibiotic solution was conducted. Synovial fluid and tissue samples were collected for analysis. The incision was closed in layers, and the patient's recovery was closely monitored to evaluate relief from severe bone pain.

Arthritis secondary to a known bacterial agent, with severe bone pain, was identified in the patient. After administering local anesthesia with appropriate dosage, a lateral incision was made to expose the affected joints. Inflamed synovial tissue, significant bone erosion, and severe bone pain were encountered and thoroughly excised. Copious irrigation with antibiotic solution was carried out. Synovial fluid and tissue samples were obtained for laboratory analysis. The incision was closed meticulously, and the patient's postoperative course was closely monitored to assess resolution of severe bone pain.

Polyarthritis caused by a specified bacterial agent, with severe bone pain, was confirmed in the patient. After administering regional anesthesia with appropriate dosage, a surgical approach was utilized, and a midline incision was made to expose the affected joints. Inflamed synovial tissue, significant bone erosion, and severe bone pain were encountered and thoroughly debrided. Copious irrigation with antibiotic solution was performed. Samples were collected for microbial examination. The wound was closed meticulously, and the patient's recovery was closely monitored to evaluate relief from severe bone pain.

Arthritis resulting from a specified bacterial agent, with severe bone pain, was diagnosed in the patient. After administering spinal anesthesia with appropriate dosage, a dorsal incision was made to expose the involved joint. Inflamed synovial tissue, significant bone erosion, and severe bone pain were observed and thoroughly debrided. Copious irrigation with antibiotic solution was performed. Samples were collected for culture and sensitivity testing. The incision was closed meticulously, and the patient's postoperative course was closely monitored to assess improvement in severe bone pain.

Polyarthritis due to an identified bacterial agent, with severe bone pain, was diagnosed in the patient. After administering regional anesthesia with appropriate dosage, an incision was made to access the affected joints. The synovium displayed signs of inflammation, significant bone erosion, and severe bone pain. Thorough debridement of infected tissue and bone was performed. Copious irrigation with antibiotic solution was conducted. Samples were collected for culture and sensitivity testing. The incision was closed in layers, and the patient progressed well postoperatively, with a notable improvement in severe bone pain.

The patient presented with arthritis caused by a specific bacterial agent, with severe bone pain. After administering general anesthesia with appropriate dosage, a sterile field was established, and a surgical approach was employed to expose the affected joint. The synovium displayed signs of inflammation, significant bone erosion, and severe bone pain. Thorough debridement of infected tissue and bone was performed. Thorough irrigation with a bactericidal solution was conducted. Samples were collected for microbiological examination. The joint was closed layer by layer, and the patient's recovery was closely monitored to assess relief from severe bone pain.

Polyarthritis due to a specified bacterial agent, with severe bone pain, was evident in the patient. After administering regional anesthesia with appropriate dosage, an arthrotomy was performed to access the affected joints. Inflamed synovial tissue, significant bone erosion, and severe bone pain were observed and excised. Copious irrigation with antibiotic solution was conducted. Synovial fluid and tissue samples were obtained for culture and sensitivity testing. The incision was closed meticulously, and the patient's recovery was closely monitored to evaluate improvement in severe bone pain.

The patient presented with arthritis and polyarthritis due to a specified bacterial agent, along with severe bone pain. After discussing the risks and benefits of surgical intervention, the decision was made to proceed with joint arthroplasty. Under general anesthesia with appropriate dosage, a sterile field was established. A standard incision was made to access the affected joint. The joint surfaces were carefully prepared, and a prosthetic implant was securely placed. Soft tissue and bone were reconstituted, and the incision was closed meticulously. The patient's postoperative course was monitored closely.

Arthritis caused by a known bacterial agent, with severe bone pain, necessitated surgical intervention. After obtaining informed consent, the patient underwent joint synovectomy. Following induction of general anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joint, and the inflamed synovial tissue was excised meticulously. Copious irrigation with antibiotic solution was performed. The joint was closed in layers, and the patient's postoperative recovery was closely monitored.

Polyarthritis resulting from a bacterial infection, with severe bone pain, required surgical intervention. After discussing the available options, joint fusion was chosen as the appropriate procedure. Under general anesthesia with appropriate dosage, a sterile field was established. The affected joints were exposed, and the articular surfaces were prepared for fusion. Appropriate fixation devices were placed, and bone grafting was performed. The incisions were closed meticulously. The patient's postoperative course was closely monitored.

The patient presented with arthritis caused by a specific bacterial agent, accompanied by severe bone pain. Surgical intervention in the form of joint debridement was deemed necessary. After obtaining informed consent, the patient underwent the procedure. Under regional anesthesia with appropriate dosage, a surgical approach was chosen, and an incision was made to expose the affected joint. Thorough debridement of infected tissue and bone was performed. Copious irrigation with antibiotic solution was carried out. The joint was meticulously closed, and the patient's postoperative course was closely monitored.

Arthritis secondary to a known bacterial agent, with severe bone pain, required surgical intervention. After a thorough discussion with the patient, joint lavage and drainage were performed. Under local anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joint, and copious irrigation was carried out to remove infectious agents. A drain was placed, and the incision was closed meticulously. The patient's postoperative recovery was closely monitored.

Polyarthritis caused by a specified bacterial agent, with severe bone pain, necessitated surgical intervention. After obtaining informed consent, the patient underwent joint arthroscopy. Under regional anesthesia with appropriate dosage, a sterile field was established. Arthroscopic portals were created, and the joint was visualized. Debridement of inflamed synovium and loose bodies was performed. Copious irrigation was carried out. The portals were closed, and the patient's postoperative recovery was closely monitored.

Arthritis resulting from a specified bacterial agent, with severe bone pain, required surgical intervention. After discussion with the patient, a joint corticosteroid injection was administered. Under local anesthesia with appropriate dosage, a sterile field was established. The joint was accessed, and a corticosteroid solution was injected into the joint space. The injection site was closed meticulously. The patient's postoperative recovery was closely monitored.

Polyarthritis due to an identified bacterial agent, with severe bone pain, necessitated surgical intervention. After careful consideration, synovectomy was performed. Under regional anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joint, and the inflamed synovial tissue was meticulously excised. Copious irrigation with antibiotic solution was performed. The joint was closed in layers, and the patient's postoperative course was closely monitored.

The patient presented with arthritis caused by a specific bacterial agent, with severe bone pain. After discussing the available treatment options, joint immobilization was chosen as the appropriate surgical intervention. Under local anesthesia with appropriate dosage, a sterile field was established. The affected joint was immobilized using a cast or splint. Proper alignment and stabilization were achieved. The immobilization device was applied securely, and the patient's postoperative recovery was closely monitored.

Arthritis caused by a known bacterial agent, with severe bone pain, necessitated surgical intervention. After obtaining informed consent, the patient underwent joint revision surgery. Under general anesthesia with appropriate dosage, a sterile field was established. The previous prosthetic implant was carefully removed, and extensive debridement of infected tissue and bone was performed. Copious irrigation with antibiotic solution was carried out. A new prosthetic implant was securely placed, and the incision was closed meticulously. The patient's postoperative recovery was closely monitored.

Polyarthritis resulting from a bacterial infection, with severe bone pain, required surgical intervention in the form of joint osteotomy. After discussing the procedure with the patient, informed consent was obtained. Under regional anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joint, and careful osteotomy was performed to correct the joint deformity. The bones were realigned and fixed with appropriate hardware. The incision was closed meticulously, and the patient's postoperative course was closely monitored.

The patient presented with arthritis caused by a specific bacterial agent, accompanied by severe bone pain. After thorough evaluation, surgical intervention in the form of joint denervation was decided upon. Under local anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joint, and the nerves responsible for transmitting pain signals were identified and selectively denervated. Copious irrigation was performed, and the incision was closed meticulously. The patient's postoperative recovery was closely monitored.

Arthritis secondary to a known bacterial agent, with severe bone pain, necessitated surgical intervention. After discussing the risks and benefits, the patient underwent joint arthrodesis. Under general anesthesia with appropriate dosage, a sterile field was established. The affected joint was exposed, and articular surfaces were prepared for fusion. Rigid fixation was achieved using appropriate hardware, and bone grafting was performed. The incision was closed meticulously, and the patient's postoperative recovery was closely monitored.

Polyarthritis caused by a specified bacterial agent, with severe bone pain, required surgical intervention in the form of joint irrigation and debridement. After obtaining informed consent, the patient underwent the procedure. Under regional anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joint, and thorough irrigation and debridement were performed to remove infected tissue and debris. Copious irrigation with antibiotic solution was carried out. The incision was closed meticulously, and the patient's postoperative course was closely monitored.

The patient presented with arthritis resulting from a specified bacterial agent, with severe bone pain. After careful evaluation, surgical intervention in the form of joint resurfacing was performed. Under general anesthesia with appropriate dosage, a sterile field was established. The affected joint was exposed, and damaged articular surfaces were carefully removed. The joint was resurfaced with an appropriate implant, ensuring proper alignment and stability. The incision was closed meticulously, and the patient's postoperative recovery was closely monitored.

Arthritis due to an identified bacterial agent, with severe bone pain, necessitated surgical intervention. After obtaining informed consent, the patient underwent joint arthroscopy with synovial biopsy. Under regional anesthesia with appropriate dosage, a sterile field was established. Arthroscopic portals were created, and the joint was visualized. Synovial tissue samples were collected for analysis. Thorough irrigation was performed, and the portals were closed meticulously. The patient's postoperative recovery was closely monitored.

Polyarthritis resulting from a bacterial infection, with severe bone pain, required surgical intervention in the form of joint decompression. After discussing the procedure with the patient, informed consent was obtained. Under general anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joint, and the surrounding structures were carefully decompressed to relieve pressure and alleviate symptoms. Copious irrigation was performed, and the incision was closed meticulously. The patient's postoperative recovery was closely monitored.

The patient presented with arthritis caused by a specific bacterial agent, accompanied by severe bone pain. After thorough evaluation, surgical intervention in the form of joint realignment was deemed necessary. Under regional anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joint, and careful realignment of the joint structures was performed to restore proper alignment and function. The incision was closed meticulously, and the patient's postoperative recovery was closely monitored.

Arthritis secondary to a known bacterial agent, with severe bone pain, necessitated surgical intervention. After obtaining informed consent, the patient underwent joint synovial biopsy and culture. Under local anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joint, and synovial tissue samples were obtained for analysis. Copious irrigation was performed, and the incision was closed meticulously. The patient's postoperative recovery was closely monitored.

Polyarthritis caused by a specified bacterial agent, with severe bone pain, required surgical intervention in the form of joint ligament reconstruction. After discussing the procedure with the patient, informed consent was obtained. Under general anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joint, and the damaged ligaments were carefully reconstructed using appropriate grafts or synthetic materials. The incision was closed meticulously, and the patient's postoperative course was closely monitored.

The patient presented with a severe infection on the extreme moving joint, causing arthritis, bone erosion, and severe pain. After a thorough evaluation, surgical intervention was deemed necessary. Under general anesthesia with appropriate dosage, a sterile field was established. An extensive incision was made to access the affected joint, revealing extensive synovial inflammation, purulent material, and bone erosion. Thorough debridement of infected tissue and bone was performed, followed by copious irrigation with antibiotic solution. The joint was closed in layers, and a drain was placed. The patient's postoperative course was closely monitored for resolution of infection and improvement in joint function.

Arthritis caused by a specified bacterial agent, with severe infection on the extreme moving joint, required urgent surgical intervention. Under regional anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joint, revealing extensive synovial inflammation, purulent material, and erosion of bone surfaces. Thorough debridement of infected tissue and bone was performed, followed by meticulous irrigation with antibiotic solution. The joint was closed in layers, and a drain was placed. The patient's postoperative recovery was closely monitored for resolution of infection and improvement in joint function.

Polyarthritis resulting from a bacterial infection, with severe infection on the extreme moving joint, necessitated surgical intervention. After obtaining informed consent, the patient underwent joint arthroplasty. Under general anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joint, revealing extensive synovial inflammation, purulent material, and bone erosion. The damaged joint surfaces were carefully prepared, and a prosthetic implant was securely placed. Infected tissues were debrided, and copious irrigation with antibiotic solution was performed. The joint was closed in layers, and a drain was placed. The patient's postoperative course was closely monitored for resolution of infection and improvement in joint function.

The patient presented with severe infection on the extreme moving joint due to a specified bacterial agent, causing arthritis, bone erosion, and severe pain. After thorough evaluation, surgical intervention in the form of joint arthrodesis was performed. Under regional anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joint, revealing extensive synovial inflammation, purulent material, and bone erosion. The joint surfaces were carefully prepared, and rigid fixation was achieved using appropriate hardware. Infected tissues were debrided, and copious irrigation with antibiotic solution was performed. The incision was closed meticulously, and a drain was placed. The patient's postoperative recovery was closely monitored for resolution of infection and improvement in joint function.

Arthritis secondary to a known bacterial agent, with severe infection on the extreme moving joint, required immediate surgical intervention. Under general anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joint, revealing extensive synovial inflammation, purulent material, and bone erosion. Thorough debridement of infected tissue and bone was performed, followed by copious irrigation with antibiotic solution. The joint was closed in layers, and a drain was placed. The patient's postoperative course was closely monitored for resolution of infection and improvement in joint function.

Polyarthritis caused by a specified bacterial agent, with severe infection on the extreme moving joint, necessitated emergent surgical intervention. Under regional anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joint, revealing extensive synovial inflammation, purulent material, and bone erosion. Thorough debridement of infected tissue and bone was performed, followed by meticulous irrigation with antibiotic solution. The joint was closed in layers, and a drain was placed. The patient's postoperative recovery was closely monitored for resolution of infection and improvement in joint function.

The patient presented with severe infection on the extreme moving joint due to a specified bacterial agent, causing arthritis, bone erosion, and severe pain. After thorough evaluation, surgical intervention in the form of joint lavage and debridement was performed. Under general anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joint, revealing extensive synovial inflammation, purulent material, and bone erosion. Thorough lavage and debridement of infected tissue were performed, followed by copious irrigation with antibiotic solution. The joint was closed in layers, and a drain was placed. The patient's postoperative recovery was closely monitored for resolution of infection and improvement in joint function.

Arthritis resulting from a specified bacterial agent, with severe infection on the extreme moving joint, necessitated urgent surgical intervention. Under regional anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joint, revealing extensive synovial inflammation, purulent material, and bone erosion. Thorough debridement of infected tissue and bone was performed, followed by meticulous irrigation with antibiotic solution. The joint was closed in layers, and a drain was placed. The patient's postoperative recovery was closely monitored for resolution of infection and improvement in joint function.

Polyarthritis due to an identified bacterial agent, with severe infection on the extreme moving joint, required immediate surgical intervention. Under general anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joint, revealing extensive synovial inflammation, purulent material, and bone erosion. Thorough debridement of infected tissue and bone was performed, followed by copious irrigation with antibiotic solution. The joint was closed in layers, and a drain was placed. The patient's postoperative recovery was closely monitored for resolution of infection and improvement in joint function.

The patient presented with severe infection on the extreme moving joint, caused by a specified bacterial agent, leading to arthritis, bone erosion, and severe pain. After careful consideration, surgical intervention in the form of joint amputation was chosen. Under general anesthesia with appropriate dosage, a sterile field was established. An incision was made to remove the infected joint, and appropriate soft tissue and bone resection were performed. Copious irrigation with antibiotic solution was carried out. The wound was closed meticulously, and the patient's postoperative recovery was closely monitored.

The patient presented with arthritis caused by a specified bacterial agent, with severe inflammation in the affected joint. After obtaining informed consent, the decision was made to proceed with joint arthroscopy. Under regional anesthesia with appropriate dosage, a sterile field was established. Arthroscopic portals were created, and the joint was visualized. Inflamed synovial tissue and excess fluid were carefully debrided. Copious irrigation with saline solution was performed. The portals were closed meticulously, and the patient's postoperative recovery was closely monitored.

Arthritis resulting from a known bacterial agent was evident in the patient, with moderate inflammation in the affected joint. After administering local anesthesia with appropriate dosage, a surgical approach was chosen. An incision was made to access the affected joint, and the inflamed synovium was meticulously debrided. Thorough irrigation with antibiotic solution was conducted. The joint was closed in layers, and the patient's postoperative recovery was closely monitored to assess improvement in joint inflammation.

Polyarthritis due to a specified bacterial agent was diagnosed in the patient, with mild inflammation in the affected joint. After administering spinal anesthesia with appropriate dosage, a dorsal incision was made to access the involved joints. The synovium displayed mild signs of inflammation and was carefully debrided. Copious irrigation with antibiotic solution was performed. Samples were collected for microbiological analysis. The incision was closed meticulously, and the patient's postoperative recovery was closely monitored to evaluate resolution of joint inflammation.

The patient presented with arthritis caused by a specific bacterial agent, accompanied by severe inflammation in the affected joint. After administering general anesthesia with appropriate dosage, a medial approach was employed to access the affected joint. The synovium displayed severe signs of inflammation and was meticulously debrided. Thorough irrigation with antibiotic solution was conducted. Synovial fluid and tissue samples were collected for analysis. The incision was closed in layers, and the patient's postoperative recovery was closely monitored to assess improvement in joint inflammation.

Arthritis secondary to a known bacterial agent was identified in the patient, with moderate inflammation in the affected joint. After administering local anesthesia with appropriate dosage, a lateral incision was made to expose the affected joints. The synovium displayed moderate signs of inflammation and was thoroughly excised. Copious irrigation with antibiotic solution was carried out. Synovial fluid and tissue samples were obtained for laboratory analysis. The incision was closed meticulously, and the patient's postoperative course was closely monitored to evaluate resolution of joint inflammation.

Polyarthritis caused by a specified bacterial agent was confirmed in the patient, with mild inflammation in the affected joint. After administering regional anesthesia with appropriate dosage, a surgical approach was utilized, and a midline incision was made to expose the affected joints. The synovium displayed mild signs of inflammation and was meticulously debrided. Copious irrigation with antibiotic solution was performed. Samples were collected for microbial examination. The wound was closed meticulously, and the patient's recovery was closely monitored to assess improvement in joint inflammation.

Arthritis resulting from a specified bacterial agent was diagnosed in the patient, with severe inflammation in the affected joint. After administering spinal anesthesia with appropriate dosage, a dorsal incision was made to expose the involved joint. The synovium displayed severe signs of inflammation and was meticulously debrided. Copious irrigation with antibiotic solution was performed. Samples were collected for culture and sensitivity testing. The incision was closed meticulously, and the patient's postoperative course was closely monitored to assess improvement in joint inflammation.

Polyarthritis due to an identified bacterial agent was diagnosed in the patient, with moderate inflammation in the affected joint. After administering regional anesthesia with appropriate dosage, an incision was made to access the affected joints. The synovium displayed moderate signs of inflammation and was thoroughly debrided. Copious irrigation with antibiotic solution was conducted. Samples were collected for culture and sensitivity testing. The incision was closed in layers, and the patient's recovery was closely monitored to evaluate resolution of joint inflammation.

The patient presented with arthritis caused by a specific bacterial agent, with mild inflammation in the affected joint. After administering general anesthesia with appropriate dosage, a sterile field was established, and a surgical approach was employed to expose the affected joint. The synovium displayed mild signs of inflammation and was meticulously debrided. Thorough irrigation with a bactericidal solution was conducted. Samples were collected for microbiological examination. The joint was closed layer by layer, and the patient's recovery was closely monitored to assess improvement in joint inflammation.

Polyarthritis due to a specified bacterial agent was evident in the patient, with severe inflammation in the affected joint. After administering regional anesthesia with appropriate dosage, an arthrotomy was performed to access the affected joints. The synovium displayed severe signs of inflammation and was thoroughly excised. Copious irrigation with antibiotic solution was conducted. Synovial fluid and tissue samples were obtained for culture and sensitivity testing. The incision was closed meticulously, and the patient's recovery was closely monitored to evaluate improvement in joint inflammation.

The patient presented with arthritis and polyarthritis due to a specified bacterial agent. The severity of the diagnosis required immediate surgical intervention. Under general anesthesia with appropriate dosage, a sterile field was established, and a surgical approach was employed to access the affected joints. Thorough debridement of infected tissue and bone was performed, followed by copious irrigation with antibiotic solution. The joint was closed in layers, and a drain was placed. The patient's postoperative course will depend on the severity of the infection and will require close follow-up and monitoring of joint function and inflammation.

Arthritis caused by a known bacterial agent, with polyarthritis involving multiple joints, was diagnosed in the patient. Surgical intervention was necessary to address the severity of the condition. Under regional anesthesia with appropriate dosage, a sterile field was established. An incision was made to access the affected joints, and meticulous debridement of infected synovial tissue was performed. Copious irrigation with antibiotic solution was carried out. The joints were closed, and drains were placed. Postoperative follow-up will be crucial to monitor the response to surgery, control inflammation, and evaluate joint function.

Polyarthritis resulting from a bacterial infection, involving multiple joints, was evident in the patient. The severity of the diagnosis required immediate surgical intervention. After administering regional anesthesia with appropriate dosage, a surgical approach was chosen. Extensive debridement of infected synovium and joint surfaces was performed, followed by thorough irrigation with antibiotic solution. The joints were meticulously closed, and drains were placed. Close postoperative follow-up is essential to assess the response to surgery, monitor inflammation, and manage joint function.

The patient presented with arthritis caused by a specific bacterial agent, with severe polyarthritis affecting multiple joints. Given the severity of the condition, surgical intervention was necessary. Under general anesthesia with appropriate dosage, a sterile field was established. Multiple incisions were made to access the affected joints, allowing for thorough debridement of infected tissue and bone. Copious irrigation with antibiotic solution was conducted. The joints were closed meticulously, and drains were placed. Postoperative follow-up will be critical to monitor the response to surgery, control inflammation, and assess joint function.

Arthritis secondary to a known bacterial agent, with severe polyarthritis involving multiple joints, required urgent surgical intervention. Under regional anesthesia with appropriate dosage, a sterile field was established. Multiple incisions were made to access the affected joints, and thorough debridement of infected synovial tissue was performed. Copious irrigation with antibiotic solution was carried out. The joints were meticulously closed, and drains were placed. Close postoperative follow-up is essential to evaluate the response to surgery, manage inflammation, and monitor joint function.

Polyarthritis caused by a specified bacterial agent was confirmed in the patient, with severe involvement of multiple joints. Given the severity of the diagnosis, surgical intervention was necessary. Under general anesthesia with appropriate dosage, a sterile field was established. Multiple incisions were made to access the affected joints, and meticulous debridement of infected synovium and joint surfaces was performed. Copious irrigation with antibiotic solution was conducted. The incisions were closed meticulously, and drains were placed. Postoperative follow-up is crucial to assess the response to surgery, control inflammation, and monitor joint function.

Arthritis resulting from a specified bacterial agent, with severe polyarthritis affecting multiple joints, necessitated immediate surgical intervention. Under regional anesthesia with appropriate dosage, a sterile field was established. Multiple incisions were made to access the involved joints, allowing for extensive debridement of infected synovium and joint surfaces. Copious irrigation with antibiotic solution was performed. The joints were meticulously closed, and drains were placed. Close postoperative follow-up is vital to monitor the response to surgery, manage inflammation, and assess joint function.

Polyarthritis due to an identified bacterial agent, with severe involvement of multiple joints, required urgent surgical intervention. Under general anesthesia with appropriate dosage, a sterile field was established. Multiple incisions were made to access the affected joints, allowing for thorough debridement of infected tissue and bone. Copious irrigation with antibiotic solution was carried out. The joints were meticulously closed, and drains were placed. Postoperative follow-up will be critical to evaluate the response to surgery, control inflammation, and monitor joint function.

The patient presented with arthritis caused by a specific bacterial agent, with polyarthritis involving multiple joints. The severity of the diagnosis necessitated immediate surgical intervention. Under regional anesthesia with appropriate dosage, a sterile field was established. Multiple incisions were made to access the affected joints, allowing for meticulous debridement of infected synovial tissue. Copious irrigation with antibiotic solution was conducted. The joints were closed meticulously, and drains were placed. Postoperative follow-up will be essential to assess the response to surgery, manage inflammation, and monitor joint function.

Arthritis secondary to a known bacterial agent, with severe polyarthritis affecting multiple joints, required urgent surgical intervention. Under general anesthesia with appropriate dosage, a sterile field was established. Multiple incisions were made to access the affected joints, and extensive debridement of infected synovial tissue was performed. Copious irrigation with antibiotic solution was carried out. The joints were meticulously closed, and drains were placed. Close postoperative follow-up is necessary to evaluate the response to surgery, control inflammation, and monitor joint function.

## M00.9 Pyogenic arthritis

1. Operative Note: Patient underwent arthroscopic lavage and debridement of the knee joint for pyogenic arthritis. The joint was thoroughly irrigated with saline solution, and multiple loose bodies were removed. Debridement was performed to remove necrotic tissue and reduce bacterial load. The procedure was completed without complications. The patient was given appropriate antibiotics and post-operative care instructions.

2. Operative Note: Open surgical drainage was performed on the hip joint to treat pyogenic arthritis. A surgical incision was made, and pus was drained from the joint. The joint was thoroughly irrigated with saline and then closed using sutures. A drain was placed to facilitate post-operative drainage. The patient tolerated the procedure well, and appropriate antibiotics were administered.

3. Operative Note: The patient underwent a synovectomy of the wrist joint to manage pyogenic arthritis. A dorsal approach was used, and the synovium was meticulously excised. Hemostasis was achieved, and the wound was closed using sutures. Post-operative immobilization and antibiotics were prescribed. The patient was advised on the importance of rehabilitation and follow-up care.

4. Operative Note: Arthroscopic irrigation and debridement of the ankle joint were performed to treat pyogenic arthritis. The joint was accessed using standard portals, and copious irrigation was done to remove debris and reduce infection. Loose bodies were removed, and any necrotic tissue was debrided. The procedure concluded uneventfully, and the patient was initiated on appropriate antibiotic therapy.

5. Operative Note: Open surgical drainage and joint washout were performed on the shoulder joint to manage pyogenic arthritis. A deltopectoral approach was used, and purulent material was drained. The joint was lavaged thoroughly, and a drain was placed. The wound was closed meticulously, and appropriate post-operative antibiotics were administered. The patient was instructed on shoulder immobilization and rehabilitation exercises.

6. Operative Note: The patient underwent arthroscopic synovectomy of the elbow joint for pyogenic arthritis. The synovium was carefully excised using arthroscopic instruments, and the joint was thoroughly irrigated. Hemostasis was achieved, and the portals were closed. The patient tolerated the procedure well, and post-operative antibiotics were prescribed. Instructions were given for pain management and follow-up care.

7. Operative Note: Open surgical drainage and debridement of the temporomandibular joint (TMJ) were performed for pyogenic arthritis. An intraoral approach was used, and purulent material was evacuated. The joint was irrigated with saline solution, and debridement of necrotic tissue was carried out. The wound was closed primarily, and appropriate antibiotics were administered. The patient was advised on jaw immobilization and post-operative dietary modifications.

8. Operative Note: Arthroscopic irrigation and debridement of the hip joint were performed to manage pyogenic arthritis. Standard portals were used, and the joint was thoroughly irrigated with saline. Loose bodies were removed, and necrotic tissue was debrided. The procedure was completed successfully, and appropriate post-operative antibiotics were initiated. The patient was instructed on weight-bearing limitations and rehabilitation exercises.

9. Operative Note: Open surgical drainage and synovectomy of the knee joint were performed to treat pyogenic arthritis. A midline incision was made, and pus was drained. The synovium was excised meticulously, and the joint was irrigated. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and appropriate antibiotics were administered.

10. Operative Note: Arthroscopic lavage and debridement of the shoulder joint were performed for pyogenic arthritis. Standard portals were established, and the joint was irrigated with saline solution. Debridement was carried out to remove necrotic tissue and debris. The procedure was uneventful, and the patient was initiated on appropriate antibiotic therapy. Post-operative instructions were given regarding sling usage and rehabilitation exercises.

1. Operative Note: The patient underwent open surgical drainage and debridement of the ankle joint for pyogenic arthritis. A medial approach was used, and purulent material was evacuated. The joint was thoroughly irrigated with saline solution, and debridement of necrotic tissue was performed. Hemostasis was achieved, and the wound was closed using sutures. The patient tolerated the procedure well, and post-operative antibiotics were administered.

2. Operative Note: Arthroscopic synovectomy of the hip joint was performed to manage pyogenic arthritis. The joint was accessed using standard portals, and the synovium was meticulously excised. Copious irrigation was done to remove debris and reduce infection. The procedure concluded without complications, and the patient was initiated on appropriate antibiotic therapy.

3. Operative Note: Open surgical drainage and joint washout were performed on the wrist joint to treat pyogenic arthritis. A volar approach was used, and purulent material was drained. The joint was thoroughly irrigated, and necrotic tissue was debrided. Hemostasis was achieved, and the wound was closed meticulously. Post-operative antibiotics were prescribed, and the patient was advised on hand immobilization and follow-up care.

4. Operative Note: The patient underwent arthroscopic irrigation and debridement of the temporomandibular joint (TMJ) for pyogenic arthritis. Standard portals were established, and the joint was irrigated with saline solution. Debris and necrotic tissue were removed, and the joint was thoroughly lavaged. The procedure was successfully completed, and appropriate antibiotics were administered post-operatively.

5. Operative Note: Open surgical drainage and debridement of the elbow joint were performed to manage pyogenic arthritis. A posterior approach was utilized, and purulent material was drained. The joint was irrigated with saline solution, and thorough debridement was conducted. Hemostasis was achieved, and the incision was closed meticulously. Post-operative antibiotics were prescribed, and the patient was instructed on elbow immobilization and rehabilitation.

6. Operative Note: Arthroscopic synovectomy of the shoulder joint was performed for pyogenic arthritis. Standard portals were established, and the synovium was excised using arthroscopic instruments. The joint was lavaged with saline solution, and meticulous hemostasis was achieved. The procedure was uneventful, and appropriate post-operative antibiotics were initiated. The patient was given instructions regarding shoulder immobilization and follow-up appointments.

7. Operative Note: Open surgical drainage and joint washout were performed on the knee joint to treat pyogenic arthritis. A lateral approach was utilized, and pus was drained from the joint. The joint was thoroughly irrigated with saline solution, and debridement of necrotic tissue was performed. Hemostasis was achieved, and the wound was closed using sutures. Post-operative antibiotics were administered, and the patient was advised on knee immobilization and rehabilitation.

8. Operative Note: The patient underwent arthroscopic irrigation and debridement of the TMJ for pyogenic arthritis. Standard portals were established, and the joint was irrigated with saline solution. Debris and necrotic tissue were meticulously removed, and the joint was thoroughly cleansed. The procedure was completed without complications, and appropriate antibiotics were prescribed post-operatively.

9. Operative Note: Open surgical drainage and synovectomy of the hip joint were performed to manage pyogenic arthritis. An anterolateral approach was utilized, and purulent material was drained. The joint was thoroughly irrigated with saline solution, and the synovium was meticulously excised. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and post-operative antibiotics were administered.

10. Operative Note: Arthroscopic lavage and debridement of the wrist joint were performed for pyogenic arthritis. Standard portals were established, and the joint was irrigated with saline solution. Debridement was carried out to remove necrotic tissue and debris. The procedure was uneventful, and the patient was initiated on appropriate antibiotic therapy. Post-operative instructions were given regarding wrist immobilization and rehabilitation exercises.

1. Operative Note: The patient underwent arthroscopic lavage and debridement of the knee joint for pyogenic arthritis under general anesthesia. The joint was thoroughly irrigated with saline solution, and multiple loose bodies were removed. Debridement was performed to remove necrotic tissue and reduce bacterial load. The procedure was completed without complications. The patient tolerated anesthesia well and was given appropriate post-operative care instructions.

2. Operative Note: Open surgical drainage was performed on the hip joint to treat pyogenic arthritis under spinal anesthesia. A surgical incision was made, and pus was drained from the joint. The joint was thoroughly irrigated with saline and then closed using sutures. A drain was placed to facilitate post-operative drainage. The patient remained stable throughout the procedure, and appropriate antibiotics were administered.

3. Operative Note: The patient underwent a synovectomy of the wrist joint to manage pyogenic arthritis under local anesthesia with sedation. A dorsal approach was used, and the synovium was meticulously excised. Hemostasis was achieved, and the wound was closed using sutures. The patient remained comfortable and cooperative throughout the procedure. Post-operative immobilization, pain management, and antibiotics were prescribed.

4. Operative Note: Arthroscopic irrigation and debridement of the ankle joint were performed to treat pyogenic arthritis under regional anesthesia. Standard portals were used, and the joint was thoroughly irrigated with saline. Loose bodies were removed, and necrotic tissue was debrided. The procedure was completed successfully, and the patient experienced minimal discomfort. Appropriate post-operative pain control and antibiotics were administered.

5. Operative Note: Open surgical drainage and joint washout were performed on the shoulder joint to manage pyogenic arthritis under general anesthesia. A deltopectoral approach was used, and purulent material was drained. The joint was lavaged thoroughly, and a drain was placed. The wound was closed meticulously, and appropriate post-operative antibiotics were administered. The patient's vital signs remained stable throughout the procedure.

6. Operative Note: The patient underwent arthroscopic synovectomy of the elbow joint for pyogenic arthritis under regional anesthesia. The synovium was carefully excised using arthroscopic instruments, and the joint was thoroughly irrigated. Hemostasis was achieved, and the portals were closed. The patient remained comfortable and cooperative during the procedure. Post-operative pain control, immobilization, and antibiotics were prescribed.

7. Operative Note: Open surgical drainage and debridement of the temporomandibular joint (TMJ) were performed for pyogenic arthritis under general anesthesia. An intraoral approach was used, and purulent material was evacuated. The joint was irrigated with saline solution, and debridement of necrotic tissue was carried out. The wound was closed primarily, and appropriate antibiotics were administered. The patient remained stable throughout the procedure.

8. Operative Note: Arthroscopic irrigation and debridement of the hip joint were performed to manage pyogenic arthritis under local anesthesia with sedation. Standard portals were used, and the joint was thoroughly irrigated with saline. Loose bodies were removed, and necrotic tissue was debrided. The procedure was completed successfully, and the patient experienced minimal discomfort. Appropriate post-operative pain control and antibiotics were initiated.

9. Operative Note: Open surgical drainage and synovectomy of the knee joint were performed to treat pyogenic arthritis under general anesthesia. A midline incision was made, and pus was drained. The synovium was excised meticulously, and the joint was irrigated. Hemostasis was achieved, and the wound was closed in layers. The patient remained stable under anesthesia, and appropriate post-operative pain management and antibiotics were administered.

10. Operative Note: Arthroscopic lavage and debridement of the shoulder joint were performed for pyogenic arthritis under regional anesthesia. Standard portals were established, and the joint was irrigated with saline solution. Debris and necrotic tissue were removed, and thorough lavage was performed. The procedure was completed without complications, and the patient experienced minimal discomfort. Appropriate post-operative pain control and antibiotics were prescribed.

1. Operative Note: The patient underwent open surgical debridement, joint washout, and bone grafting for pyogenic arthritis with associated bone erosion in the ankle joint. A medial approach was used to access the joint. Purulent material was drained, and the joint was thoroughly irrigated with saline solution. Areas of bone erosion were carefully debrided, and bone grafts were placed to promote healing. The wound was closed meticulously, and appropriate post-operative antibiotics were administered.

2. Operative Note: Arthroscopic synovectomy, joint debridement, and bone augmentation were performed for pyogenic arthritis with bone erosion in the hip joint. The joint was accessed using standard portals, and the synovium was excised. Extensive debridement was performed to remove necrotic tissue and infected bone. Bone voids were filled with bone graft substitutes. The procedure was completed successfully, and the patient was initiated on appropriate antibiotic therapy.

3. Operative Note: Open surgical drainage, debridement, and bone fixation were performed for pyogenic arthritis with bone erosion in the wrist joint. An extended approach was used, allowing adequate exposure. Purulent material was drained, and the joint was thoroughly irrigated. Eroded bone segments were debrided, and bone fragments were stabilized with internal fixation. The wound was closed meticulously, and appropriate antibiotics were administered post-operatively.

4. Operative Note: Arthroscopic irrigation, debridement, and bone grafting were performed for pyogenic arthritis with bone erosion in the shoulder joint. Standard portals were established, and the joint was irrigated with saline solution. Extensive debridement was performed to remove infected tissue and eroded bone fragments. Bone grafts were placed to restore bone integrity. The procedure was completed without complications, and appropriate post-operative measures were undertaken.

5. Operative Note: Open surgical debridement, joint washout, and bone grafting were performed for pyogenic arthritis with bone erosion in the elbow joint. A posterior approach was used, allowing thorough visualization. Purulent material was drained, and the joint was irrigated with saline. Areas of bone erosion were debrided, and bone grafts were placed to promote bone healing. The wound was closed meticulously, and appropriate antibiotics were administered post-operatively.

6. Operative Note: The patient underwent arthroscopic synovectomy, joint debridement, and bone augmentation for pyogenic arthritis with bone erosion in the knee joint. Standard portals were established, and the synovium was excised. Extensive debridement was performed to remove necrotic tissue and eroded bone fragments. Bone voids were filled with bone graft substitutes. The procedure was successfully completed, and appropriate post-operative care was initiated.

7. Operative Note: Open surgical drainage, debridement, and bone fixation were performed for pyogenic arthritis with bone erosion in the temporomandibular joint (TMJ). An intraoral approach was used, allowing direct access. Purulent material was evacuated, and the joint was thoroughly irrigated. Eroded bone segments were debrided, and bone fragments were stabilized using plates and screws. The wound was closed meticulously, and appropriate post-operative measures were implemented.

8. Operative Note: Arthroscopic irrigation, debridement, and bone grafting were performed for pyogenic arthritis with bone erosion in the ankle joint. Standard portals were established, and the joint was thoroughly irrigated with saline solution. Extensive debridement was performed to remove infected tissue and eroded bone fragments. Bone grafts were meticulously placed to restore bone integrity. The procedure was completed without complications, and appropriate post-operative measures were undertaken.

9. Operative Note: Open surgical debridement, joint washout, and bone grafting were performed for pyogenic arthritis with bone erosion in the hip joint. A lateral approach was utilized, providing adequate exposure. Purulent material was drained, and the joint was thoroughly irrigated. Eroded bone segments were debrided, and bone grafts were placed to promote bone healing. The wound was closed meticulously, and appropriate antibiotics were administered post-operatively.

10. Operative Note: Arthroscopic synovectomy, joint debridement, and bone augmentation were performed for pyogenic arthritis with bone erosion in the wrist joint. Standard portals were established, and the synovium was meticulously excised. Extensive debridement was carried out to remove infected tissue and eroded bone fragments. Bone grafts were meticulously placed to restore bone integrity. The procedure was completed successfully, and appropriate post-operative measures were undertaken.

1. Operative Note: The patient underwent open surgical debridement, joint washout, bone grafting, and nerve block for pyogenic arthritis with severe bone pain in the ankle joint. A medial approach was used to access the joint. Purulent material was drained, and the joint was thoroughly irrigated with saline solution. Eroded bone segments were debrided, and bone grafts were placed. A nerve block was administered for pain management. The wound was closed meticulously, and appropriate post-operative antibiotics were administered.

2. Operative Note: Arthroscopic synovectomy, joint debridement, bone grafting, and epidural anesthesia were performed for pyogenic arthritis with severe bone pain in the hip joint. The joint was accessed using standard portals, and the synovium was excised. Extensive debridement was performed to remove necrotic tissue and infected bone. Bone grafts were placed, and epidural anesthesia was administered for effective pain control. The procedure was completed successfully, and the patient was initiated on appropriate antibiotic therapy.

3. Operative Note: Open surgical drainage, debridement, bone fixation, and regional anesthesia with nerve block were performed for pyogenic arthritis with severe bone pain in the wrist joint. An extended approach was used, allowing adequate exposure. Purulent material was drained, and the joint was thoroughly irrigated. Eroded bone segments were debrided, and bone fragments were stabilized with internal fixation. Regional anesthesia with a nerve block was administered for optimal pain management. The wound was closed meticulously, and appropriate antibiotics were administered post-operatively.

4. Operative Note: Arthroscopic irrigation, debridement, bone grafting, and intrathecal anesthesia were performed for pyogenic arthritis with severe bone pain in the shoulder joint. Standard portals were established, and the joint was irrigated with saline solution. Extensive debridement was performed to remove infected tissue and eroded bone fragments. Bone grafts were placed, and intrathecal anesthesia was administered for enhanced pain relief. The procedure was completed without complications, and appropriate post-operative measures were undertaken.

5. Operative Note: Open surgical debridement, joint washout, bone grafting, and epidural anesthesia were performed for pyogenic arthritis with severe bone pain in the elbow joint. A posterior approach was used, allowing thorough visualization. Purulent material was drained, and the joint was irrigated with saline. Areas of bone erosion were debrided, and bone grafts were placed. Epidural anesthesia was administered for effective pain control. The wound was closed meticulously, and appropriate antibiotics were administered post-operatively.

6. Operative Note: The patient underwent arthroscopic synovectomy, joint debridement, bone augmentation, and intravenous regional anesthesia (Bier's block) for pyogenic arthritis with severe bone pain in the knee joint. Standard portals were established, and the synovium was excised. Extensive debridement was performed to remove necrotic tissue and infected bone. Bone grafts were meticulously placed, and intravenous regional anesthesia (Bier's block) was administered for targeted pain relief. The procedure was successfully completed, and appropriate post-operative care was initiated.

7. Operative Note: Open surgical drainage, debridement, bone fixation, and epidural anesthesia were performed for pyogenic arthritis with severe bone pain in the temporomandibular joint (TMJ). An intraoral approach was used, allowing direct access. Purulent material was evacuated, and the joint was thoroughly irrigated. Eroded bone segments were debrided, and bone fragments were stabilized using plates and screws. Epidural anesthesia was administered for optimal pain management. The wound was closed meticulously, and appropriate post-operative measures were implemented.

8. Operative Note

: Arthroscopic irrigation, debridement, bone grafting, and intrathecal anesthesia were performed for pyogenic arthritis with severe bone pain in the ankle joint. Standard portals were established, and the joint was thoroughly irrigated with saline solution. Extensive debridement was performed to remove infected tissue and eroded bone fragments. Bone grafts were meticulously placed to restore bone integrity. Intrathecal anesthesia was administered for enhanced pain relief. The procedure was completed without complications, and appropriate post-operative measures were undertaken.

9. Operative Note: Open surgical debridement, joint washout, bone grafting, and epidural anesthesia were performed for pyogenic arthritis with severe bone pain in the hip joint. A lateral approach was utilized, providing adequate exposure. Purulent material was drained, and the joint was thoroughly irrigated. Eroded bone segments were debrided, and bone grafts were placed to promote bone healing. Epidural anesthesia was administered for effective pain control. The wound was closed meticulously, and appropriate post-operative measures were undertaken.

10. Operative Note: Arthroscopic synovectomy, joint debridement, bone augmentation, and intravenous regional anesthesia (Bier's block) were performed for pyogenic arthritis with severe bone pain in the wrist joint. Standard portals were established, and the synovium was meticulously excised. Extensive debridement was carried out to remove infected tissue and eroded bone fragments. Bone grafts were meticulously placed, and intravenous regional anesthesia (Bier's block) was administered for targeted pain relief. The procedure was completed successfully, and appropriate post-operative care was initiated.

1. Operative Note: The patient underwent joint arthroplasty as a surgical intervention for severe pyogenic arthritis with bone pain in the hip joint. A standard surgical approach was used, and the diseased joint was carefully excised. A prosthetic hip joint was implanted, restoring stability and function. The procedure was completed without complications, and post-operative pain management and rehabilitation protocols were initiated.

2. Operative Note: Surgical debridement and bone grafting were performed as an intervention for severe pyogenic arthritis with bone pain in the ankle joint. A medial approach was utilized to access the joint. Extensive debridement was carried out to remove necrotic tissue and infected bone. Bone grafts were meticulously placed to promote bone healing. The procedure was successful, and appropriate post-operative care was initiated.

3. Operative Note: The patient underwent joint fusion surgery as a surgical intervention for severe pyogenic arthritis with bone pain in the wrist joint. An open surgical approach was used, and the arthritic joint surfaces were meticulously prepared. Bone grafts and internal fixation devices were employed to facilitate joint fusion. The procedure was completed without complications, and the patient was instructed on post-operative immobilization and rehabilitation exercises.

4. Operative Note: Surgical irrigation and debridement were performed as an intervention for severe pyogenic arthritis with bone pain in the shoulder joint. A deltopectoral approach was utilized, allowing adequate exposure. The joint was thoroughly irrigated to remove purulent material, and extensive debridement was carried out to remove infected tissue. The procedure was successful, and appropriate post-operative antibiotics and pain management were administered.

5. Operative Note: The patient underwent joint arthroscopy with synovectomy as a surgical intervention for severe pyogenic arthritis with bone pain in the knee joint. Standard portals were established, and the joint was carefully examined. The synovium was meticulously excised to alleviate inflammation and pain. The procedure was successful, and the patient was prescribed post-operative pain medications and instructed on rehabilitation exercises.

6. Operative Note: Surgical drainage, debridement, and bone fixation were performed as an intervention for severe pyogenic arthritis with bone pain in the elbow joint. A posterior approach was used, allowing adequate exposure. Purulent material was drained, and the joint was thoroughly irrigated. Eroded bone segments were debrided, and internal fixation devices were utilized for stabilization. The procedure was successful, and the patient was started on appropriate post-operative care and pain management.

7. Operative Note: The patient underwent joint replacement surgery as a surgical intervention for severe pyogenic arthritis with bone pain in the temporomandibular joint (TMJ). An intraoral approach was used, and the diseased joint components were meticulously excised. A prosthetic TMJ joint was implanted, restoring functionality. The procedure was completed without complications, and the patient was instructed on post-operative oral hygiene and rehabilitation exercises.

8. Operative Note: Surgical debridement, joint washout, and bone grafting were performed as an intervention for severe pyogenic arthritis with bone pain in the ankle joint. A lateral approach was utilized, providing adequate exposure. Purulent material was drained, and the joint was thoroughly irrigated. Eroded bone segments were debrided, and bone grafts were meticulously placed to promote bone healing. The procedure was successful, and appropriate post-operative care was initiated.

9. Operative Note: The patient underwent joint arthroplasty with prosthetic implantation as a surgical intervention for severe pyogenic arthritis with bone pain in the shoulder joint. A standard surgical approach was employed, and the arthritic joint was carefully excised. A prosthetic shoulder joint was implanted, restoring mobility and alleviating pain. The procedure was completed successfully, and post-operative pain management and rehabilitation protocols were implemented.

10. Operative Note: Surgical debridement, joint washout, and bone grafting were performed as an intervention for severe pyogenic arthritis with bone pain in the knee joint. A midline incision was made, allowing access to the affected joint. Purulent material was drained, and the joint was meticulously irrigated. Eroded bone segments were debrided, and bone grafts were meticulously placed to promote bone healing. The procedure was successful, and appropriate post-operative care was initiated.

1. Operative Note: The patient underwent arthroscopic surgical intervention for severe pyogenic arthritis with bone pain in the wrist joint. The arthroscopy allowed for visualization and assessment of the joint. Debridement was performed to remove infected tissue and bone fragments. Thorough irrigation was done to cleanse the joint. The procedure was successful, and the patient was provided with post-operative pain management and rehabilitation recommendations.

2. Operative Note: Surgical joint fusion was performed as an intervention for severe pyogenic arthritis with bone pain in the hip joint. The joint surfaces were prepared, and bone grafts were meticulously placed to facilitate fusion. Internal fixation devices were utilized to stabilize the joint. The procedure was completed without complications, and post-operative pain control measures and rehabilitation were initiated.

3. Operative Note: The patient underwent open surgical intervention for severe pyogenic arthritis with bone pain in the ankle joint. A medial approach was used, and the joint was meticulously evaluated. Debridement was performed to remove necrotic tissue and infected bone. The joint was thoroughly irrigated, and appropriate bone grafting was done. The procedure was successful, and post-operative pain management and rehabilitation protocols were initiated.

4. Operative Note: Surgical joint arthrodesis was performed as an intervention for severe pyogenic arthritis with bone pain in the shoulder joint. An open surgical approach was employed, and the joint surfaces were meticulously prepared. Bone grafts were placed, and internal fixation devices were utilized to promote fusion. The procedure was completed without complications, and the patient was provided with post-operative pain control measures and rehabilitation recommendations.

5. Operative Note: The patient underwent surgical intervention in the form of joint debridement and bone grafting for severe pyogenic arthritis with bone pain in the knee joint. An arthrotomy was performed to access the joint, and extensive debridement was carried out to remove infected tissue and bone fragments. Thorough irrigation was done to cleanse the joint, and bone grafts were meticulously placed. The procedure was successful, and appropriate post-operative pain management and rehabilitation were initiated.

6. Operative Note: Surgical joint replacement was performed as an intervention for severe pyogenic arthritis with bone pain in the elbow joint. An open surgical approach was utilized, and the diseased joint components were meticulously excised. A prosthetic elbow joint was implanted, restoring function and alleviating pain. The procedure was completed without complications, and the patient was provided with post-operative pain control measures and rehabilitation protocols.

7. Operative Note: The patient underwent arthroscopic surgical intervention for severe pyogenic arthritis with bone pain in the temporomandibular joint (TMJ). Arthroscopy allowed for thorough evaluation of the joint. Debridement was performed to remove infected tissue and bone fragments, and the joint was meticulously irrigated. The procedure was successful, and the patient was given post-operative pain management instructions and recommendations for jaw mobility exercises.

8. Operative Note: Surgical intervention in the form of joint debridement, bone grafting, and internal fixation was performed for severe pyogenic arthritis with bone pain in the wrist joint. An extended approach was used, providing adequate exposure. Debridement was meticulously carried out to remove infected tissue and bone fragments. Appropriate bone grafting was done, and internal fixation devices were utilized for stability. The procedure was successful, and post-operative pain control measures and rehabilitation were initiated.

9. Operative Note: The patient underwent open surgical intervention for severe pyogenic arthritis with bone pain in the hip joint. A lateral approach was used, and the joint was meticulously evaluated. Debridement was performed to remove necrotic tissue and infected bone, and the joint was thoroughly irrigated. Bone grafting was meticulously done to promote healing. The procedure was successful, and post-operative pain management and rehabilitation protocols were implemented.

10. Operative Note: Surgical joint fusion was performed as an intervention for severe pyogenic arthritis with bone pain in the ankle joint. An open surgical approach was employed, and the joint surfaces were meticulously prepared. Bone grafts were placed to facilitate fusion, and internal fixation devices were utilized for stability. The procedure was completed without complications, and the patient was provided with post-operative pain control measures and rehabilitation instructions.

1. Operative Note: The patient underwent emergency surgical intervention for severe pyogenic arthritis with a deep-seated infection in the highly mobile shoulder joint. A thorough joint washout was performed, and extensive debridement was carried out to remove infected tissue and necrotic bone. Copious irrigation with antimicrobial solutions was done. The joint was stabilized, and appropriate wound closure was achieved. Intravenous antibiotics and close monitoring were initiated post-operatively.

2. Operative Note: Surgical intervention was performed for severe pyogenic arthritis with an extensively infected and highly mobile temporomandibular joint (TMJ). An intraoral approach was used to access the joint. Thorough debridement was performed to remove infected tissue and necrotic bone, followed by copious irrigation with antimicrobial solutions. The joint was immobilized, and appropriate wound closure was achieved. Intravenous antibiotics and specific oral hygiene instructions were provided post-operatively.

3. Operative Note: The patient underwent immediate surgical intervention for severe pyogenic arthritis with a deep infection in the highly mobile knee joint. A midline incision was made, and extensive debridement was performed to remove infected tissue and necrotic bone. The joint was meticulously irrigated with antimicrobial solutions. Stabilization and wound closure were successfully achieved. Intravenous antibiotics and post-operative immobilization measures were initiated.

4. Operative Note: Surgical intervention was performed for severe pyogenic arthritis with an infected and highly mobile wrist joint. An extended approach was utilized, allowing thorough visualization. Extensive debridement was performed to remove infected tissue and necrotic bone. The joint was lavaged meticulously with antimicrobial solutions. Stabilization and wound closure were achieved. Intravenous antibiotics and post-operative immobilization measures were initiated for optimal recovery.

5. Operative Note: The patient underwent emergency surgical intervention for severe pyogenic arthritis with a deep infection in the highly mobile ankle joint. A medial approach was used to access the joint. Thorough debridement was performed to remove infected tissue and necrotic bone, followed by copious irrigation with antimicrobial solutions. The joint was stabilized, and appropriate wound closure was achieved. Intravenous antibiotics and post-operative immobilization measures were implemented.

6. Operative Note: Surgical intervention was performed for severe pyogenic arthritis with an extensively infected and highly mobile elbow joint. A posterior approach was utilized, allowing thorough exposure. Extensive debridement was performed to remove infected tissue and necrotic bone. The joint was meticulously irrigated with antimicrobial solutions. Stabilization and wound closure were successfully achieved. Intravenous antibiotics and post-operative immobilization measures were initiated.

7. Operative Note: The patient underwent immediate surgical intervention for severe pyogenic arthritis with a deep infection in the highly mobile hip joint. A standard surgical approach was employed, and extensive debridement was performed to remove infected tissue and necrotic bone. The joint was thoroughly irrigated with antimicrobial solutions. Stabilization and wound closure were successfully achieved. Intravenous antibiotics and post-operative immobilization measures were initiated.

8. Operative Note: Surgical intervention was performed for severe pyogenic arthritis with an infected and highly mobile ankle joint. A lateral approach was used, providing adequate exposure. Extensive debridement was performed to remove infected tissue and necrotic bone. The joint was lavaged meticulously with antimicrobial solutions. Stabilization and wound closure were successfully achieved. Intravenous antibiotics and post-operative immobilization measures were implemented.

9. Operative Note: The patient underwent emergency surgical intervention for severe pyogenic arthritis with a deep infection in the highly mobile shoulder joint. A deltopectoral approach was utilized, allowing thorough visualization. Extensive debridement was performed to remove infected tissue and necrotic bone. The joint was meticulously irrigated with antimicrobial solutions. Stabilization and wound closure were successfully achieved. Intravenous antibiotics and post-operative immobilization measures were initiated.

10. Operative Note: Surgical intervention was performed for severe pyogenic arthritis with an extensively infected and highly mobile temporomandibular joint (TMJ). An intraoral approach was used to access the joint. Thorough debridement was performed to remove infected tissue and necrotic bone, followed by copious irrigation with antimicrobial solutions. The joint was immobilized, and appropriate wound closure was achieved. Intravenous antibiotics and specific oral hygiene instructions were provided post-operatively.

1. Operative Note: The patient underwent surgical intervention for severe pyogenic arthritis with marked inflammation in the highly mobile shoulder joint. A comprehensive joint washout was performed, and extensive debridement was carried out to remove inflamed tissue and necrotic bone. Copious irrigation with anti-inflammatory solutions was done. The joint was stabilized, and appropriate wound closure was achieved. Post-operative anti-inflammatory medications and close monitoring were initiated.

2. Operative Note: Surgical intervention was performed for severe pyogenic arthritis with intense inflammation in the highly mobile temporomandibular joint (TMJ). An intraoral approach was used to access the joint. Thorough debridement was performed to remove inflamed tissue and necrotic bone, followed by copious irrigation with anti-inflammatory solutions. The joint was immobilized, and appropriate wound closure was achieved. Post-operative anti-inflammatory medications and specific oral hygiene instructions were provided.

3. Operative Note: The patient underwent immediate surgical intervention for severe pyogenic arthritis with significant inflammation in the highly mobile knee joint. A midline incision was made, and extensive debridement was performed to remove inflamed tissue and necrotic bone. The joint was meticulously irrigated with anti-inflammatory solutions. Stabilization and wound closure were successfully achieved. Post-operative anti-inflammatory medications and post-operative immobilization measures were initiated.

4. Operative Note: Surgical intervention was performed for severe pyogenic arthritis with pronounced inflammation in the highly mobile wrist joint. An extended approach was utilized, allowing thorough visualization. Extensive debridement was performed to remove inflamed tissue and necrotic bone. The joint was lavaged meticulously with anti-inflammatory solutions. Stabilization and wound closure were achieved. Post-operative anti-inflammatory medications and post-operative immobilization measures were initiated for optimal recovery.

5. Operative Note: The patient underwent emergency surgical intervention for severe pyogenic arthritis with intense inflammation in the highly mobile ankle joint. A medial approach was used to access the joint. Thorough debridement was performed to remove inflamed tissue and necrotic bone, followed by copious irrigation with anti-inflammatory solutions. The joint was stabilized, and appropriate wound closure was achieved. Post-operative anti-inflammatory medications and post-operative immobilization measures were implemented.

6. Operative Note: Surgical intervention was performed for severe pyogenic arthritis with significant inflammation in the highly mobile elbow joint. A posterior approach was utilized, allowing thorough exposure. Extensive debridement was performed to remove inflamed tissue and necrotic bone. The joint was meticulously irrigated with anti-inflammatory solutions. Stabilization and wound closure were achieved. Post-operative anti-inflammatory medications and post-operative immobilization measures were initiated.

7. Operative Note: The patient underwent immediate surgical intervention for severe pyogenic arthritis with marked inflammation in the highly mobile hip joint. A standard surgical approach was employed, and extensive debridement was performed to remove inflamed tissue and necrotic bone. The joint was thoroughly irrigated with anti-inflammatory solutions. Stabilization and wound closure were successfully achieved. Post-operative anti-inflammatory medications and post-operative immobilization measures were initiated.

8. Operative Note: Surgical intervention was performed for severe pyogenic arthritis with pronounced inflammation in the highly mobile ankle joint. A lateral approach was used, providing adequate exposure. Extensive debridement was performed to remove inflamed tissue and necrotic bone. The joint was lavaged meticulously with anti-inflammatory solutions. Stabilization and wound closure were achieved. Post-operative anti-inflammatory medications and post-operative immobilization measures were implemented.

9. Operative Note: The patient underwent emergency surgical intervention for severe pyogenic arthritis with intense inflammation in the highly mobile shoulder joint. A deltopectoral approach was utilized, allowing thorough visualization. Extensive debridement was performed to remove inflamed tissue and necrotic bone. The joint was meticulously irrigated with anti-inflammatory solutions. Stabilization and wound closure were successfully achieved. Post-operative anti-inflammatory medications and post-operative immobilization measures were initiated.

10. Operative Note: Surgical intervention was performed for severe pyogenic arthritis with significant inflammation in the extensively mobile temporomandibular joint (TMJ). An intraoral approach was used to access the joint. Thorough debridement was performed to remove inflamed tissue and necrotic bone, followed by copious irrigation with anti-inflammatory solutions. The joint was immobilized, and appropriate wound closure was achieved. Post-operative anti-inflammatory medications and specific oral hygiene instructions were provided.

1. Operative Note: The patient underwent surgical intervention for severe pyogenic arthritis with extensive joint destruction. The post-operative follow-up will include regular monitoring of inflammatory markers, imaging studies, and clinical examination to assess the response to treatment. Depending on the severity of the diagnosis, the patient may require an extended course of antibiotics, physical therapy, and joint replacement surgery if conservative measures fail to provide satisfactory outcomes.

2. Operative Note: Surgical intervention was performed for severe pyogenic arthritis with systemic involvement. The post-operative follow-up will involve close monitoring of vital signs, laboratory parameters, and clinical symptoms. Depending on the severity of the diagnosis, the patient may require intravenous antibiotics, wound care, and consultation with infectious disease specialists for long-term management and prevention of complications.

3. Operative Note: The patient underwent emergency surgical intervention for severe pyogenic arthritis with abscess formation. The post-operative follow-up will include frequent wound assessments, monitoring for signs of infection recurrence, and appropriate antibiotic therapy. Depending on the severity of the diagnosis, the patient may require repeat procedures, wound debridement, and consultation with plastic surgeons or wound care specialists to optimize wound healing and prevent further complications.

4. Operative Note: Surgical intervention was performed for severe pyogenic arthritis with septic arthritis. The post-operative follow-up will involve regular joint aspirations, monitoring of joint mobility and function, and surveillance for recurrent infections. Depending on the severity of the diagnosis, the patient may require an extended course of antibiotics, joint immobilization, and rehabilitation therapies to restore joint function and prevent relapse of infection.

5. Operative Note: The patient underwent surgical intervention for severe pyogenic arthritis with joint instability. The post-operative follow-up will include frequent clinical assessments, imaging studies, and physical therapy to evaluate joint stability and function. Depending on the severity of the diagnosis, the patient may require supportive measures such as bracing, orthotics, or surgical revision to address persistent instability and optimize joint stability and function.

6. Operative Note: Surgical intervention was performed for severe pyogenic arthritis with extensive joint deformity. The post-operative follow-up will involve regular clinical and radiographic assessments to monitor for resolution of inflammation, joint alignment, and functional improvement. Depending on the severity of the diagnosis, the patient may require additional interventions such as joint reconstruction, osteotomy, or joint replacement to correct deformities and restore optimal joint function.

7. Operative Note: The patient underwent emergency surgical intervention for severe pyogenic arthritis with systemic complications. The post-operative follow-up will include close monitoring of organ function, laboratory parameters, and clinical symptoms. Depending on the severity of the diagnosis, the patient may require multidisciplinary care involving specialists from infectious diseases, rheumatology, and internal medicine to address systemic manifestations and provide comprehensive management.

8. Operative Note: Surgical intervention was performed for severe pyogenic arthritis with neurovascular involvement. The post-operative follow-up will involve frequent neurovascular assessments, imaging studies, and close collaboration with neurology or vascular surgery specialists to monitor and manage potential complications. Depending on the severity of the diagnosis, the patient may require additional interventions such as nerve decompression, vascular procedures, or neurorehabilitation to optimize outcomes.

9. Operative Note: The patient underwent surgical intervention for severe pyogenic arthritis with multi-joint involvement. The post-operative follow-up will include comprehensive joint assessments, imaging studies, and multidisciplinary consultations to address all affected joints. Depending on the severity of the diagnosis, the patient may require a combination of surgical interventions, targeted antibiotic therapy, and coordinated rehabilitation to manage the extensive joint involvement and promote functional recovery.

10. Operative Note: Surgical intervention was performed for severe pyogenic arthritis with immunocompromised status. The post-operative follow-up will involve close monitoring of immune status, infection control measures, and coordination with infectious disease specialists or immunologists. Depending on the severity of the diagnosis, the patient may require tailored antibiotic regimens, immunomodulatory therapy, and long-term surveillance to minimize the risk of recurrent infections and optimize immune function.

## M01.0 Meningococcal arthritis

1. Operative Note: Arthroscopic synovectomy was performed on the patient's left knee to address Meningococcal arthritis. Multiple portals were created to access the joint. The synovium appeared hypertrophic and inflamed. Using arthroscopic instruments, the synovial tissue was meticulously excised. Hemostasis was achieved, and the wounds were closed. The patient tolerated the procedure well and was transferred to the recovery room in stable condition. Postoperative antibiotics and rehabilitation were prescribed.

2. Operative Note: Open synovectomy was carried out on the patient's right hip joint due to Meningococcal arthritis. An extended trochanteric approach was employed to access the joint. The synovium was markedly thickened and inflamed. The entire synovial tissue was excised meticulously, ensuring complete removal. Hemostasis was achieved, and the incision was closed in layers. The patient was monitored postoperatively for any signs of infection or complications.

3. Operative Note: Patient underwent open synovectomy of the left ankle joint for Meningococcal arthritis. A medial approach was used to expose the joint. The synovium exhibited severe inflammation and thickening. Complete excision of the synovium was performed, ensuring adequate clearance. Hemostasis was achieved, and the wound was closed meticulously. The patient's vital signs remained stable throughout the procedure, and they were started on appropriate postoperative care, including antibiotics and physical therapy.

4. Operative Note: Arthroscopic synovectomy was performed on the patient's right wrist joint to manage Meningococcal arthritis. The joint was accessed through standard portals. The synovium appeared hypertrophic and inflamed. Thorough synovial debridement was carried out using a combination of shaver and radiofrequency ablation. Hemostasis was achieved, and the wounds were closed. The patient was educated on postoperative care instructions and scheduled for follow-up.

5. Operative Note: Open synovectomy was performed on the patient's left shoulder joint due to Meningococcal arthritis. A deltopectoral approach was employed, providing excellent exposure. The synovium was extensively inflamed and hypertrophic. Meticulous excision of the synovial tissue was performed, ensuring complete synovectomy. Hemostasis was achieved, and the joint was thoroughly irrigated. The wound was closed in layers, and the patient was referred for postoperative rehabilitation.

6. Operative Note: Patient underwent arthroscopic synovectomy for Meningococcal arthritis of the right elbow joint. Diagnostic arthroscopy revealed hypertrophic and inflamed synovium. The synovial tissue was meticulously excised using arthroscopic instruments, ensuring complete clearance. Hemostasis was achieved, and the wounds were closed. The patient's postoperative course was uneventful, and they were instructed to follow a rehabilitation program along with appropriate antibiotic therapy.

7. Operative Note: Open synovectomy was performed on the patient's right temporomandibular joint (TMJ) due to Meningococcal arthritis. A preauricular approach was employed, providing excellent access to the joint. The synovium exhibited severe inflammation and erosions of the articular surfaces. Complete synovial excision was performed, and the joint was irrigated with antibiotic solution. Closure was performed meticulously, and the patient was referred for TMJ rehabilitation.

8. Operative Note: Arthroscopic synovectomy was performed on the patient's left ankle joint to address Meningococcal arthritis. Standard portals were used to access the joint. The synovium appeared hypertrophic and inflamed. Using arthroscopic instruments, the synovial tissue was

meticulously excised, ensuring thorough clearance. Hemostasis was achieved, and the incisions were closed. Postoperatively, the patient was placed on appropriate antibiotics and instructed on rehabilitation exercises.

9. Operative Note: Open synovectomy was performed on the patient's right knee joint due to Meningococcal arthritis. A midline incision was made to expose the joint. The synovium exhibited marked inflammation and hypertrophy. Complete synovial excision was performed, ensuring meticulous removal of the diseased tissue. Hemostasis was achieved, and the incision was closed in layers. The patient's recovery was uneventful, and they were started on postoperative antibiotics and rehabilitation.

10. Operative Note: Patient underwent arthroscopic synovectomy for Meningococcal arthritis of the left shoulder joint. The joint was accessed using standard portals. The synovium was thickened and inflamed. Meticulous synovial excision was performed using arthroscopic instruments, ensuring complete removal of the diseased tissue. Hemostasis was achieved, and the portals were closed. Postoperatively, the patient was initiated on antibiotic therapy and referred for postoperative rehabilitation.

1. Operative Note: Open synovectomy was performed on the patient's right hip joint due to severe Meningococcal arthritis. A posterior approach was employed, allowing excellent visualization of the joint. The synovium appeared hypertrophic and inflamed. Complete synovial excision was carried out meticulously, ensuring thorough removal. Hemostasis was achieved, and the wound was closed in layers. The patient was closely monitored postoperatively for any signs of infection or complications.

2. Operative Note: Arthroscopic synovectomy was performed on the patient's left wrist joint to address Meningococcal arthritis. Multiple portals were created to access the joint. The synovium exhibited significant hypertrophy and inflammation. Using arthroscopic instruments, the synovial tissue was meticulously excised. Hemostasis was achieved, and the wounds were closed. The patient's postoperative course was uneventful, and they were prescribed postoperative antibiotics and referred for hand therapy.

3. Operative Note: Open synovectomy was carried out on the patient's left knee joint due to Meningococcal arthritis. A midline incision was made, allowing direct access to the joint. The synovium appeared thickened and inflamed. Complete synovial excision was performed meticulously, ensuring thorough clearance. Hemostasis was achieved, and the incision was closed in layers. The patient was started on appropriate postoperative care, including antibiotics and physical therapy.

4. Operative Note: Patient underwent arthroscopic synovectomy for Meningococcal arthritis of the right ankle joint. Standard portals were utilized to access the joint. The synovium exhibited marked inflammation and hypertrophy. Meticulous excision of the synovial tissue was performed using arthroscopic instruments. Hemostasis was achieved, and the incisions were closed. Postoperatively, the patient was instructed on weight-bearing restrictions and started on antibiotic therapy.

5. Operative Note: Open synovectomy was performed on the patient's right shoulder joint due to Meningococcal arthritis. A deltopectoral approach was employed, providing excellent exposure. The synovium appeared markedly inflamed and hypertrophic. Complete synovial excision was carried out meticulously, ensuring comprehensive removal. Hemostasis was achieved, and the joint was irrigated. The wound was closed in layers, and the patient was referred for postoperative rehabilitation.

6. Operative Note: Arthroscopic synovectomy was performed on the patient's left elbow joint to address Meningococcal arthritis. The joint was accessed using standard portals. The synovium exhibited significant inflammation and hypertrophy. Thorough excision of the synovial tissue was carried out using arthroscopic instruments. Hemostasis was achieved, and the wounds were closed. The patient was provided with postoperative instructions and referred for physiotherapy.

7. Operative Note: Open synovectomy was performed on the patient's right temporomandibular joint (TMJ) due to severe Meningococcal arthritis. A preauricular approach was utilized, providing excellent exposure. The synovium exhibited extensive inflammation and erosions. Complete synovial excision was performed meticulously, and the joint was irrigated with antibiotic solution. Closure was carried out in layers, and the patient was referred for TMJ rehabilitation.

8. Operative Note: Patient underwent arthroscopic synovectomy for Meningococcal arthritis of the right ankle joint. Standard portals were used to access the joint. The synovium appeared markedly hypertrophic and inflamed. Using arthroscopic instruments, the synovial tissue was meticulously excised, ensuring thorough clearance. Hemostasis was achieved, and the incisions were closed. Postoperatively, the patient was initiated on antibiotic therapy and referred for rehabilitation.

9. Operative Note: Open synovectomy was performed on the patient's left hip joint due to severe Meningococcal arthritis. A posterior approach was utilized, providing optimal visualization. The synovium exhibited significant inflammation and hypertrophy. Complete synovial excision was performed meticulously, ensuring thorough removal of the diseased tissue. Hemostasis was achieved, and the wound was closed in layers. The patient was monitored closely postoperatively for any signs of infection or complications.

10. Operative Note: Arthroscopic synovectomy was performed on the patient's right wrist joint to manage Meningococcal arthritis. Multiple portals were created to access the joint. The synovium appeared hypertrophic and inflamed. Meticulous synovial debridement was carried out using arthroscopic instruments. Hemostasis was achieved, and the wounds were closed. The patient's postoperative course was uneventful, and they were advised to undergo hand therapy for rehabilitation.

1. Operative Note: Arthroscopic synovectomy was performed on the patient's left knee joint under general anesthesia with endotracheal intubation. The synovium appeared hypertrophic and inflamed, and meticulous excision was carried out. The patient tolerated the procedure well, and anesthesia was maintained with sevoflurane. Hemostasis was achieved, and the wounds were closed. The patient was extubated and transferred to the recovery room in stable condition.

2. Operative Note: Open synovectomy was performed on the patient's right hip joint under spinal anesthesia. The synovium exhibited severe inflammation and hypertrophy, and complete synovial excision was carried out meticulously. Adequate analgesia was achieved, and the patient remained hemodynamically stable throughout the procedure. Hemostasis was achieved, and the incision was closed in layers. The patient was transferred to the post-anesthesia care unit for monitoring and pain management.

3. Operative Note: Patient underwent arthroscopic synovectomy for Meningococcal arthritis of the left ankle joint under regional anesthesia (popliteal nerve block). The synovium appeared hypertrophic and inflamed, and meticulous synovial debridement was performed. The patient remained comfortable throughout the procedure with adequate anesthesia. Hemostasis was achieved, and the portals were closed. The patient was transferred to the recovery area and provided with postoperative instructions.

4. Operative Note: Open synovectomy was performed on the patient's right wrist joint under local anesthesia with sedation. The synovium exhibited marked inflammation and hypertrophy, and complete synovial excision was performed meticulously. The patient was kept comfortable with local anesthetic infiltration, and conscious sedation was provided throughout the procedure. Hemostasis was achieved, and the wound was closed. The patient was closely monitored postoperatively and discharged with appropriate pain management instructions.

5. Operative Note: Arthroscopic synovectomy was performed on the patient's left shoulder joint under general anesthesia. The synovium appeared hypertrophic and inflamed, and meticulous synovial debridement was carried out. Anesthesia was induced and maintained with propofol and remifentanil infusion. Endotracheal intubation was performed for airway management. Hemostasis was achieved, and the wounds were closed. The patient was extubated and transferred to the post-anesthesia care unit for recovery.

6. Operative Note: Open synovectomy was performed on the patient's right elbow joint under combined spinal-epidural anesthesia. The synovium exhibited severe inflammation and hypertrophy, and complete synovial excision was carried out meticulously. Adequate anesthesia and postoperative pain control were achieved with the combined technique. Hemostasis was achieved, and the incision was closed in layers. The patient was closely monitored in the recovery area and subsequently transferred to the ward for further management.

7. Operative Note: Patient underwent arthroscopic synovectomy for Meningococcal arthritis of the right ankle joint under general anesthesia with a laryngeal mask airway. The synovium appeared hypertrophic and inflamed, and meticulous synovial debridement was performed. Anesthesia was induced and maintained with sevoflurane. Hemostasis was achieved, and the portals were closed. The patient was extubated and transferred to the post-anesthesia care unit for observation.

8. Operative Note: Open synovectomy was performed on the patient's left hip joint under general anesthesia with a combination of intravenous anesthesia (propofol) and epidural analgesia. The synovium exhibited significant inflammation and hypertrophy, and complete synovial excision was performed meticulously. Adequate pain control was achieved with the epidural infusion. Hemostasis was achieved, and the wound was closed. The patient was transferred to the recovery area for close monitoring.

9. Operative Note: Arthroscopic synovectomy was performed on the patient's right wrist joint under local anesthesia with monitored anesthesia care. The synovium appeared hypertrophic and inflamed, and meticulous excision was carried out. Local anesthesia was administered using lidocaine, and the patient remained comfortable throughout the procedure. Hemostasis was achieved, and the wounds were closed. The patient was closely monitored during the procedure and transferred to the recovery area for further observation.

10. Operative Note: Open synovectomy was performed on the patient's right temporomandibular joint (TMJ) under general anesthesia with nasotracheal intubation. The synovium exhibited severe inflammation and erosions, and complete synovial excision was carried out meticulously. Anesthesia was induced and maintained with sevoflurane and rocuronium. Hemostasis was achieved, and the joint was irrigated with antibiotic solution. The patient was extubated and transferred to the recovery room for monitoring.

1. Operative Note: Open synovectomy was performed on the patient's left knee joint due to severe Meningococcal arthritis with significant bone erosion. A midline incision was made, allowing direct access to the joint. The synovium exhibited marked inflammation, hypertrophy, and erosions. Complete synovial excision was performed meticulously, ensuring thorough removal of the diseased tissue. The eroded bone surfaces were debrided and smoothened. Hemostasis was achieved, and the incision was closed in layers. The patient was started on appropriate postoperative care, including antibiotics and physical therapy.

2. Operative Note: Arthroscopic synovectomy was performed on the patient's right hip joint with evidence of bone erosion due to Meningococcal arthritis. The synovium appeared hypertrophic, inflamed, and erosive. Meticulous synovial excision was carried out using arthroscopic instruments. The eroded bone surfaces were debrided and smoothed to promote healing. Hemostasis was achieved, and the wounds were closed. The patient was closely monitored postoperatively for any signs of infection or complications.

3. Operative Note: Open synovectomy was performed on the patient's right wrist joint due to Meningococcal arthritis with bone erosion. A dorsal approach was employed, allowing excellent exposure of the joint. The synovium exhibited severe inflammation, hypertrophy, and erosions. Complete synovial excision was performed meticulously, and the eroded bone surfaces were debrided and reshaped. Hemostasis was achieved, and the incision was closed in layers. The patient was referred for postoperative rehabilitation and continued antibiotic therapy.

4. Operative Note: Patient underwent arthroscopic synovectomy for Meningococcal arthritis of the left ankle joint with evidence of bone erosion. The synovium appeared hypertrophic, inflamed, and erosive. Meticulous excision of the synovial tissue was performed using arthroscopic instruments. The eroded bone surfaces were addressed through debridement and smoothing. Hemostasis was achieved, and the incisions were closed. Postoperatively, the patient was initiated on antibiotic therapy and referred for rehabilitation to promote joint healing.

5. Operative Note: Open synovectomy was performed on the patient's right shoulder joint due to Meningococcal arthritis with extensive bone erosion. A deltopectoral approach was employed, providing excellent exposure. The synovium exhibited severe inflammation, hypertrophy, and erosions. Complete synovial excision was performed meticulously, and the eroded bone surfaces were debrided and reshaped. Hemostasis was achieved, and the joint was thoroughly irrigated. The wound was closed in layers, and the patient was referred for postoperative rehabilitation.

6. Operative Note: Patient underwent arthroscopic synovectomy for Meningococcal arthritis of the right elbow joint with evidence of bone erosion. The synovium appeared hypertrophic, inflamed, and erosive. Meticulous excision of the synovial tissue was performed using arthroscopic instruments. The eroded bone surfaces were addressed through debridement and contouring. Hemostasis was achieved, and the wounds were closed. The patient was provided with postoperative instructions and referred for physiotherapy to promote joint healing.

7. Operative Note: Open synovectomy was performed on the patient's right temporomandibular joint (TMJ) due to severe Meningococcal arthritis with extensive bone erosion. A preauricular approach was utilized, providing excellent exposure. The synovium exhibited severe inflammation, hypertrophy, and erosions. Complete synovial excision was performed meticulously, and the eroded bone surfaces were debrided and reshaped. Hemostasis was achieved, and the joint was irrigated with antibiotic solution. Closure was carried out in layers, and the patient was referred for TMJ rehabilitation.

8. Operative Note: Arthroscopic synovectomy was performed on the patient's left ankle joint with evidence of bone erosion due to Meningococcal arthritis. The synovium appeared hypertrophic, inflamed, and erosive. Meticulous excision of the synovial tissue was performed using arthroscopic instruments. The eroded bone surfaces were addressed through debridement and smoothing. Hemostasis was achieved, and the incisions were closed. Postoperatively, the patient was instructed on weight-bearing restrictions, initiated on antibiotic therapy, and referred for rehabilitation.

9. Operative Note: Open synovectomy was performed on the patient's left hip joint due to Meningococcal arthritis with significant bone erosion. A posterior approach was utilized, providing optimal visualization. The synovium exhibited severe inflammation, hypertrophy, and erosions. Complete synovial excision was performed meticulously, and the eroded bone surfaces were debrided and reshaped. Hemostasis was achieved, and the incision was closed in layers. The patient was transferred to the recovery area for close monitoring and postoperative pain management.

10. Operative Note: Patient underwent arthroscopic synovectomy for Meningococcal arthritis of the right wrist joint with evidence of bone erosion. The synovium appeared hypertrophic, inflamed, and erosive. Meticulous excision of the synovial tissue was performed using arthroscopic instruments. The eroded bone surfaces were addressed through debridement and contouring. Hemostasis was achieved, and the wounds were closed. The patient was closely monitored during the procedure and transferred to the recovery area for further observation. Postoperatively, the patient was started on appropriate antibiotic therapy and referred for hand therapy.

1. Operative Note: Open synovectomy was performed on the patient's left knee joint due to severe Meningococcal arthritis with significant bone erosion. A midline incision was made, allowing direct access to the joint. The synovium exhibited marked inflammation, hypertrophy, and erosions. Complete synovial excision was performed meticulously, ensuring thorough removal of the diseased tissue. The eroded bone surfaces were debrided and smoothened. Hemostasis was achieved, and the incision was closed in layers. The patient was started on appropriate postoperative care, including antibiotics and physical therapy.

2. Operative Note: Arthroscopic synovectomy was performed on the patient's right hip joint with evidence of bone erosion due to Meningococcal arthritis. The synovium appeared hypertrophic, inflamed, and erosive. Meticulous synovial excision was carried out using arthroscopic instruments. The eroded bone surfaces were debrided and smoothed to promote healing. Hemostasis was achieved, and the wounds were closed. The patient was closely monitored postoperatively for any signs of infection or complications.

3. Operative Note: Open synovectomy was performed on the patient's right wrist joint due to Meningococcal arthritis with bone erosion. A dorsal approach was employed, allowing excellent exposure of the joint. The synovium exhibited severe inflammation, hypertrophy, and erosions. Complete synovial excision was performed meticulously, and the eroded bone surfaces were debrided and reshaped. Hemostasis was achieved, and the incision was closed in layers. The patient was referred for postoperative rehabilitation and continued antibiotic therapy.

4. Operative Note: Patient underwent arthroscopic synovectomy for Meningococcal arthritis of the left ankle joint with evidence of bone erosion. The synovium appeared hypertrophic, inflamed, and erosive. Meticulous excision of the synovial tissue was performed using arthroscopic instruments. The eroded bone surfaces were addressed through debridement and smoothing. Hemostasis was achieved, and the incisions were closed. Postoperatively, the patient was initiated on antibiotic therapy and referred for rehabilitation to promote joint healing.

5. Operative Note: Open synovectomy was performed on the patient's right shoulder joint due to Meningococcal arthritis with extensive bone erosion. A deltopectoral approach was employed, providing excellent exposure. The synovium exhibited severe inflammation, hypertrophy, and erosions. Complete synovial excision was performed meticulously, and the eroded bone surfaces were debrided and reshaped. Hemostasis was achieved, and the joint was thoroughly irrigated. The wound was closed in layers, and the patient was referred for postoperative rehabilitation.

6. Operative Note: Patient underwent arthroscopic synovectomy for Meningococcal arthritis of the right elbow joint with evidence of bone erosion. The synovium appeared hypertrophic, inflamed, and erosive. Meticulous excision of the synovial tissue was performed using arthroscopic instruments. The eroded bone surfaces were addressed through debridement and contouring. Hemostasis was achieved, and the wounds were closed. The patient was provided with postoperative instructions and referred for physiotherapy to promote joint healing.

7. Operative Note: Open synovectomy was performed on the patient's right temporomandibular joint (TMJ) due to severe Meningococcal arthritis with extensive bone erosion. A preauricular approach was utilized, providing excellent exposure. The synovium exhibited severe inflammation, hypertrophy, and erosions. Complete synovial excision was performed meticulously, and the eroded bone surfaces were debrided and reshaped. Hemostasis was achieved, and the joint was irrigated with antibiotic solution. Closure was carried out in layers, and the patient was referred for TMJ rehabilitation.

8. Operative Note: Arthroscopic synovectomy was performed on the patient's left ankle joint with evidence of bone erosion due to Meningococcal arthritis. The synovium appeared hypertrophic, inflamed, and erosive. Meticulous excision of the synovial tissue was performed using arthroscopic instruments. The eroded bone surfaces were addressed through debridement and smoothing. Hemostasis was achieved, and the incisions were closed. Postoperatively, the patient was instructed on weight-bearing restrictions, initiated on antibiotic therapy, and referred for rehabilitation.

9. Operative Note: Open synovectomy was performed on the patient's left hip joint due to Meningococcal arthritis with significant bone erosion. A posterior approach was utilized, providing optimal visualization. The synovium exhibited severe inflammation, hypertrophy, and erosions. Complete synovial excision was performed meticulously, and the eroded bone surfaces were debrided and reshaped. Hemostasis was achieved, and the incision was closed in layers. The patient was transferred to the recovery area for close monitoring and postoperative pain management.

10. Operative Note: Patient underwent arthroscopic synovectomy for Meningococcal arthritis of the right wrist joint with evidence of bone erosion. The synovium appeared hypertrophic, inflamed, and erosive. Meticulous excision of the synovial tissue was performed using arthroscopic instruments. The eroded bone surfaces were addressed through debridement and contouring. Hemostasis was achieved, and the wounds were closed. The patient was closely monitored during the procedure and transferred to the recovery area for further observation. Postoperatively, the patient was started on appropriate antibiotic therapy and referred for hand therapy.

1. Operative Note: Patient underwent arthroscopic synovectomy and cartilage debridement for Meningococcal arthritis of the left knee joint. The synovium appeared hypertrophic, inflamed, and erosive, with evidence of articular cartilage damage. Meticulous excision of the synovial tissue was performed, followed by thorough cartilage debridement. Hemostasis was achieved, and the joint was irrigated. The incisions were closed, and the patient was prescribed postoperative antibiotics and referred for physical therapy.

2. Operative Note: Open synovectomy and joint reconstruction were performed on the patient's right hip joint to address Meningococcal arthritis with significant bone erosion. The synovium exhibited severe inflammation, hypertrophy, and erosions, with evidence of acetabular bone loss. Complete synovial excision was performed meticulously, followed by acetabular reconstruction using bone grafts. Hemostasis was achieved, and the incision was closed in layers. The patient was referred for postoperative rehabilitation and continued antibiotic therapy.

3. Operative Note: Patient underwent arthroscopic synovectomy and ligament repair for Meningococcal arthritis of the left ankle joint. The synovium appeared hypertrophic, inflamed, and erosive, with evidence of ligamentous instability. Synovial tissue was meticulously excised, followed by ligament repair using suture anchors. Hemostasis was achieved, and the joint was irrigated. The incisions were closed, and the patient was referred for postoperative immobilization and physical therapy.

4. Operative Note: Open synovectomy and joint fusion were performed on the patient's right wrist joint to manage Meningococcal arthritis with severe bone erosion. The synovium exhibited significant inflammation, hypertrophy, and erosions, with evidence of carpal bone destruction. Complete synovial excision was carried out meticulously, followed by wrist joint fusion using bone grafts and fixation with plates and screws. Hemostasis was achieved, and the incision was closed in layers. The patient was referred for postoperative immobilization and hand therapy.

5. Operative Note: Arthroscopic synovectomy and meniscal repair were performed on the patient's left shoulder joint to address Meningococcal arthritis with meniscal involvement. The synovium appeared hypertrophic, inflamed, and erosive, with evidence of meniscal tear. Meticulous excision of the synovial tissue was performed, followed by meniscal repair using sutures. Hemostasis was achieved, and the joint was irrigated. The incisions were closed, and the patient was referred for postoperative rehabilitation.

6. Operative Note: Open synovectomy and joint reconstruction were performed on the patient's right elbow joint to manage Meningococcal arthritis with significant bone erosion. The synovium exhibited severe inflammation, hypertrophy, and erosions, with evidence of radial head subluxation. Complete synovial excision was carried out meticulously, followed by radial head reconstruction and ligament repair. Hemostasis was achieved, and the joint was irrigated. The incision was closed in layers, and the patient was referred for postoperative rehabilitation.

7. Operative Note: Patient underwent arthroscopic synovectomy and osteochondral grafting for Meningococcal arthritis of the right ankle joint. The synovium appeared hypertrophic, inflamed, and erosive, with evidence of osteochondral lesions. Meticulous excision of the synovial tissue was performed, followed by osteochondral grafting to address the defects. Hemostasis was achieved, and the joint was irrigated. The incisions were closed, and the patient was instructed on weight-bearing restrictions and referred for postoperative rehabilitation.

8. Operative Note: Open synovectomy and joint reconstruction were performed on the patient's left temporomandibular joint (TMJ) to manage Meningococcal arthritis with significant bone erosion. The synovium exhibited severe inflammation, hypertrophy, and erosions, with evidence of condylar resorption. Complete synovial excision was performed meticulously, followed by TMJ reconstruction using alloplastic implants. Hemostasis was achieved, and the joint was irrigated. The incision was closed in layers, and the patient was referred for TMJ rehabilitation and provided with appropriate postoperative care instructions.

9. Operative Note: Arthroscopic synovectomy and tendon repair were performed on the patient's right wrist joint to address Meningococcal arthritis with tendon involvement. The synovium appeared hypertrophic, inflamed, and erosive, with evidence of tendon rupture. Meticulous excision of the synovial tissue was performed, followed by tendon repair using suture techniques. Hemostasis was achieved, and the joint was irrigated. The incisions were closed, and the patient was referred for postoperative hand therapy.

10. Operative Note: Open synovectomy and joint realignment were performed on the patient's right knee joint to manage Meningococcal arthritis with bone erosion and malalignment. The synovium exhibited severe inflammation, hypertrophy, and erosions, with evidence of varus deformity. Complete synovial excision was carried out meticulously, followed by corrective osteotomy to realign the joint. Hemostasis was achieved, and the incision was closed in layers. The patient was referred for postoperative rehabilitation and continued antibiotic therapy.

1. Operative Note: Patient underwent emergency open synovectomy and joint debridement for Meningococcal arthritis with severe infection involving the right shoulder joint. The synovium appeared hypertrophic, inflamed, and purulent. Complete synovial excision was performed meticulously, followed by extensive joint debridement and irrigation with antibiotic solution. Hemostasis was achieved, and the incision was closed in layers. The patient was started on broad-spectrum intravenous antibiotics and admitted to the intensive care unit for close monitoring.

2. Operative Note: Arthroscopic synovectomy and joint lavage were performed on the patient's left knee joint with severe Meningococcal arthritis and a deep joint infection. The synovium appeared hypertrophic, inflamed, and pus-filled. Meticulous excision of the synovial tissue was carried out, followed by thorough joint irrigation with antibiotic solution. Hemostasis was achieved, and the incisions were closed. The patient was initiated on intravenous antibiotics and transferred to the high-dependency unit for further management.

3. Operative Note: Open synovectomy and joint debridement were performed on the patient's right hip joint due to severe Meningococcal arthritis with an extensive infected joint. The synovium exhibited significant inflammation, hypertrophy, and purulent exudate. Complete synovial excision was performed meticulously, followed by extensive debridement and irrigation of the joint with antibiotic solution. Hemostasis was achieved, and the incision was closed in layers. The patient was transferred to the surgical intensive care unit for ongoing antibiotic therapy and close monitoring.

4. Operative Note: Patient underwent arthroscopic synovectomy and joint washout for Meningococcal arthritis of the left ankle joint with a severe infected joint. The synovium appeared hypertrophic, inflamed, and filled with purulent material. Meticulous excision of the synovial tissue was performed, followed by thorough joint irrigation with antibiotic solution. Hemostasis was achieved, and the incisions were closed. The patient was initiated on intravenous antibiotics and admitted to the orthopedic ward for further management.

5. Operative Note: Open synovectomy and joint debridement were performed on the patient's right wrist joint due to severe Meningococcal arthritis with an extensively infected joint. The synovium exhibited severe inflammation, hypertrophy, and purulent discharge. Complete synovial excision was carried out meticulously, followed by extensive debridement and thorough irrigation of the joint with antibiotic solution. Hemostasis was achieved, and the incision was closed in layers. The patient was transferred to the surgical high-dependency unit for close monitoring and intravenous antibiotic therapy.

6. Operative Note: Arthroscopic synovectomy and joint lavage were performed on the patient's left shoulder joint with severe Meningococcal arthritis and an infected joint. The synovium appeared hypertrophic, inflamed, and filled with purulent fluid. Meticulous excision of the synovial tissue was performed, followed by thorough joint lavage with antibiotic solution. Hemostasis was achieved, and the incisions were closed. The patient was started on intravenous antibiotics and admitted to the orthopedic ward for further management.

7. Operative Note: Open synovectomy and joint debridement were performed on the patient's right elbow joint due to severe Meningococcal arthritis with an infected joint. The synovium exhibited significant inflammation, hypertrophy, and purulent exudate. Complete synovial exc

ision was performed meticulously, followed by extensive debridement and irrigation of the joint with antibiotic solution. Hemostasis was achieved, and the incision was closed in layers. The patient was transferred to the surgical intensive care unit for ongoing intravenous antibiotic therapy and close monitoring.

8. Operative Note: Patient underwent arthroscopic synovectomy and joint washout for Meningococcal arthritis of the right temporomandibular joint (TMJ) with a severe infected joint. The synovium appeared hypertrophic, inflamed, and filled with purulent material. Meticulous excision of the synovial tissue was performed, followed by thorough joint irrigation with antibiotic solution. Hemostasis was achieved, and the incisions were closed. The patient was initiated on intravenous antibiotics and admitted to the maxillofacial ward for further management.

9. Operative Note: Open synovectomy and joint debridement were performed on the patient's left ankle joint due to severe Meningococcal arthritis with an extensively infected joint. The synovium exhibited severe inflammation, hypertrophy, and purulent discharge. Complete synovial excision was carried out meticulously, followed by extensive debridement and thorough irrigation of the joint with antibiotic solution. Hemostasis was achieved, and the incision was closed in layers. The patient was transferred to the surgical high-dependency unit for close monitoring and intravenous antibiotic therapy.

10. Operative Note: Arthroscopic synovectomy and joint lavage were performed on the patient's right wrist joint with severe Meningococcal arthritis and an infected joint. The synovium appeared hypertrophic, inflamed, and filled with purulent fluid. Meticulous excision of the synovial tissue was performed, followed by thorough joint lavage with antibiotic solution. Hemostasis was achieved, and the incisions were closed. The patient was started on intravenous antibiotics and admitted to the orthopedic ward for further management.

1. Operative Note: Patient underwent arthroscopic synovectomy and joint lavage for Meningococcal arthritis of the left knee joint. The synovium appeared mildly hypertrophic and inflamed. Meticulous excision of the synovial tissue was performed, followed by thorough joint lavage with saline solution. Hemostasis was achieved, and the incisions were closed. The patient was prescribed postoperative pain medications and referred for physical therapy.

2. Operative Note: Open synovectomy and joint debridement were performed on the patient's right hip joint to address Meningococcal arthritis. The synovium exhibited moderate inflammation and hypertrophy. Complete synovial excision was performed meticulously, followed by thorough joint debridement. Hemostasis was achieved, and the incision was closed in layers. The patient was initiated on postoperative antibiotics and referred for rehabilitation.

3. Operative Note: Patient underwent arthroscopic synovectomy and joint washout for Meningococcal arthritis of the left ankle joint. The synovium appeared significantly inflamed and hypertrophic. Meticulous excision of the synovial tissue was performed, followed by thorough joint washout with antibiotic solution. Hemostasis was achieved, and the incisions were closed. The patient was started on postoperative antibiotics and instructed on weight-bearing restrictions.

4. Operative Note: Open synovectomy and joint debridement were performed on the patient's right wrist joint due to severe Meningococcal arthritis. The synovium exhibited marked inflammation and hypertrophy. Complete synovial excision was carried out meticulously, followed by extensive joint debridement. Hemostasis was achieved, and the incision was closed in layers. The patient was referred for postoperative hand therapy and prescribed anti-inflammatory medications.

5. Operative Note: Arthroscopic synovectomy and joint lavage were performed on the patient's left shoulder joint to address Meningococcal arthritis. The synovium appeared mildly inflamed and hypertrophic. Meticulous excision of the synovial tissue was performed, followed by thorough joint lavage with saline solution. Hemostasis was achieved, and the incisions were closed. The patient was instructed on postoperative care and referred for physical therapy.

6. Operative Note: Open synovectomy and joint debridement were performed on the patient's right elbow joint due to severe Meningococcal arthritis. The synovium exhibited moderate inflammation and hypertrophy. Complete synovial excision was carried out meticulously, followed by thorough joint debridement. Hemostasis was achieved, and the incision was closed in layers. The patient was referred for postoperative rehabilitation and prescribed anti-inflammatory medications.

7. Operative Note: Patient underwent arthroscopic synovectomy and joint washout for Meningococcal arthritis of the right temporomandibular joint (TMJ). The synovium appeared significantly inflamed and hypertrophic. Meticulous excision of the synovial tissue was performed, followed by thorough joint washout with antibiotic solution. Hemostasis was achieved, and the incisions were closed. The patient was started on postoperative antibiotics and referred for TMJ rehabilitation.

8. Operative Note: Open synovectomy and joint debridement were performed on the patient's left ankle joint due to severe Meningococcal arthritis. The synovium exhibited mild inflammation and hypertrophy. Complete synovial excision was carried out meticulously, followed by thorough joint debridement. Hemostasis was achieved, and the incision was closed in layers

. The patient was referred for postoperative rehabilitation and prescribed anti-inflammatory medications.

9. Operative Note: Arthroscopic synovectomy and joint lavage were performed on the patient's right wrist joint to address Meningococcal arthritis. The synovium appeared significantly inflamed and hypertrophic. Meticulous excision of the synovial tissue was performed, followed by thorough joint lavage with saline solution. Hemostasis was achieved, and the incisions were closed. The patient was initiated on postoperative antibiotics and referred for hand therapy.

10. Operative Note: Open synovectomy and joint debridement were performed on the patient's right temporomandibular joint (TMJ) to manage Meningococcal arthritis. The synovium exhibited moderate inflammation and hypertrophy. Complete synovial excision was carried out meticulously, followed by thorough joint debridement. Hemostasis was achieved, and the incision was closed in layers. The patient was referred for TMJ rehabilitation and prescribed anti-inflammatory medications.

Certainly! Here are 10 synthetic operative notes pertaining to "Meningococcal arthritis" where the follow-ups depend on the severity of the diagnosis:

1. Operative Note: Patient underwent arthroscopic synovectomy for Meningococcal arthritis of the left knee joint. The synovium appeared moderately inflamed and hypertrophic. Meticulous excision of the synovial tissue was performed. Postoperatively, the patient will be closely monitored for signs of infection and joint recovery. Follow-up appointments will be scheduled based on the patient's progress and the severity of the disease.

2. Operative Note: Open synovectomy was performed on the patient's right hip joint to address severe Meningococcal arthritis. The synovium exhibited marked inflammation, hypertrophy, and bone erosion. Complete synovial excision was carried out meticulously. Due to the severity of the condition, the patient will require frequent follow-up visits to assess the response to treatment, monitor for complications, and determine the need for additional interventions.

3. Operative Note: Arthroscopic synovectomy and joint washout were performed on the patient's left ankle joint for Meningococcal arthritis. The synovium appeared mildly inflamed and hypertrophic. Thorough excision of the synovial tissue was performed, followed by joint lavage. Postoperatively, the patient's progress will be assessed, and the frequency of follow-up visits will be determined based on the severity of the disease and response to treatment.

4. Operative Note: Open synovectomy and joint debridement were performed on the patient's right wrist joint due to moderate Meningococcal arthritis. The synovium exhibited significant inflammation and hypertrophy. Complete synovial excision was carried out meticulously. Postoperatively, the patient will be closely monitored, and the frequency of follow-up visits will be based on the severity of the disease, the response to treatment, and the need for further interventions.

5. Operative Note: Patient underwent arthroscopic synovectomy for Meningococcal arthritis of the left shoulder joint. The synovium appeared mildly inflamed and hypertrophic. Meticulous excision of the synovial tissue was performed. The patient's follow-up appointments will be determined based on the severity of the disease and the response to treatment, allowing for appropriate monitoring and adjustment of the management plan.

6. Operative Note: Open synovectomy and joint debridement were performed on the patient's right elbow joint to address severe Meningococcal arthritis. The synovium exhibited marked inflammation, hypertrophy, and bone erosion. Complete synovial excision was performed meticulously. Given the severity of the condition, the patient will require frequent follow-up visits to assess the treatment response, manage potential complications, and plan further interventions as necessary.

7. Operative Note: Arthroscopic synovectomy and joint lavage were performed on the patient's right temporomandibular joint (TMJ) for Meningococcal arthritis. The synovium appeared moderately inflamed and hypertrophic. Meticulous excision of the synovial tissue was performed, followed by joint lavage. The patient's follow-up appointments will be scheduled based on the severity of the disease, response to treatment, and the need for ongoing TMJ rehabilitation.

8. Operative Note: Open synovectomy and joint debridement were performed on the patient's left ankle joint due to severe Meningococcal arthritis. The synovium exhibited significant inflammation, hypertrophy, and bone erosion. Complete synovial excision was carried out meticulously. Postoperatively, the patient will require frequent follow-up visits to monitor the treatment response, manage complications, and determine the need for additional interventions based on the severity of the disease.

9. Operative Note: Arthroscopic synovectomy and joint lavage were performed on the patient's right wrist joint for Meningococcal arthritis. The synovium appeared moderately inflamed and hypertrophic. Meticulous excision of the synovial tissue was performed, followed by joint lavage. The patient's follow-up appointments will be determined based on the severity of the disease, treatment response, and the need for ongoing hand therapy and rehabilitation.

10. Operative Note: Open synovectomy and joint debridement were performed on the patient's right temporomandibular joint (TMJ) to manage severe Meningococcal arthritis. The synovium exhibited marked inflammation, hypertrophy, and bone erosion. Complete synovial excision was carried out meticulously. Given the severity of the condition, the patient will require close follow-up visits to assess the treatment response, manage potential complications, and provide ongoing TMJ rehabilitation based on individual needs.

## M01.1 Tuberculous arthritis

Procedure: Under general anesthesia, a standard arthroscopic approach was employed. Multiple small incisions were made around the knee joint. Intra-articular inspection revealed synovial thickening and evidence of granulation tissue. Debridement of necrotic tissue and synovectomy were performed meticulously. Care was taken to preserve healthy articular cartilage. Samples of synovial tissue were sent for histopathological analysis and acid-fast bacilli culture. Hemostasis was achieved, and the wounds were closed with sutures. The patient tolerated the procedure well, and postoperative care will include appropriate anti-tuberculous therapy.

Procedure: The patient was placed under general anesthesia, and an incision was made over the anterior aspect of the shoulder joint. The joint capsule was carefully dissected, revealing inflamed synovium and visible caseous necrosis. Multiple tissue samples were obtained for histopathological analysis, including Ziehl-Neelsen staining and tuberculosis polymerase chain reaction (PCR). Copious irrigation was performed, and the wound was closed in layers. The patient's postoperative course will involve anti-tuberculous medication, rehabilitation, and regular follow-up.

Procedure: After administering regional anesthesia, a mini-open approach was utilized for synovectomy. A small incision was made over the radial aspect of the wrist joint. The extensor retinaculum was incised, and the synovial membrane was exposed. Careful excision of the inflamed synovium was performed, ensuring preservation of vital structures. Hemostasis was achieved, and the wound was closed primarily. The patient's wrist was immobilized with a splint, and anti-tuberculous therapy was initiated. Follow-up evaluations will include radiographic imaging and functional assessment.

Procedure: With the patient under general anesthesia, aseptic technique was employed to perform joint aspiration of the left hip. A large-bore needle was inserted into the joint space, and purulent synovial fluid was aspirated. The joint was thoroughly irrigated with sterile saline. Subsequently, a mixture of anti-tuberculous agents (isoniazid, rifampicin, pyrazinamide, and ethambutol) was instilled into the joint. Postoperatively, the patient will receive a combination of systemic anti-tuberculous medications and physiotherapy.

Procedure: The patient was placed under general anesthesia, and arthroscopic examination of the right ankle joint was performed. Multiple small incisions were made for arthroscopic portals. Synovial tissue samples were obtained using a biopsy punch forceps. Care was taken to avoid injury to the surrounding structures. Hemostasis was achieved, and the wounds were closed with sutures. The patient will commence anti-tuberculous therapy as per infectious disease recommendations. Postoperative care will include ankle immobilization and rehabilitation.

Procedure: Following general anesthesia, an incision was made over the medial aspect of the left elbow joint. The joint capsule was exposed, revealing hypertrophic synovium and areas of caseous necrosis. Debridement of necrotic tissue and thorough joint lavage were performed. Copious irrigation was utilized to remove purulent material. The wound was closed in layers, and the patient's arm was immobilized with a splint. Anti-tuberculous therapy will be initiated, and the patient will undergo postoperative rehabilitation for joint mobility and function.

Procedure: Under general anesthesia, a preauricular incision was made, followed by careful dissection down to the temporomandibular joint. The joint capsule was excised, and extensive synovial tissue was removed. The articular surfaces were examined, and areas of erosion were noted. The joint was reconstructed using autologous fascia grafts. The wound was closed meticulously in layers, and appropriate drains were placed. The patient will be started on anti-tuberculous medication and undergo rehabilitation to restore mandibular function and alleviate pain.

Procedure: The patient underwent general anesthesia, and an incision was made over the anteromedial aspect of the right ankle joint. Pus was encountered upon deep dissection, and multiple loculated abscesses were identified within the joint. Complete decompression of the abscesses was performed, and copious irrigation was carried out. A drain was placed to facilitate ongoing drainage. The wound was closed in layers. The patient will receive anti-tuberculous therapy, and further imaging will be conducted to monitor the resolution of abscesses.

Procedure: After administering general anesthesia, a midline incision was made over the lumbar spine. The paraspinal abscess was located and meticulously excised. Subsequently, fusion of the affected lumbar facet joints was performed using pedicle screw instrumentation. Autologous bone graft was utilized to enhance fusion. The wound was closed in layers, and a drain was placed. Anti-tuberculous therapy was initiated postoperatively, and the patient will be monitored for pain relief and functional improvement.

Procedure: Under general anesthesia, arthroscopic access was obtained in both knee joints. Multiple portals were established for visualization and instrumentation. The synovial membrane was meticulously excised using a combination of arthroscopic shavers and electrocautery. Thorough joint irrigation with sterile saline was performed to remove debris. Hemostasis was achieved, and the portals were closed with sutures. The patient will commence anti-tuberculous therapy, followed by a structured rehabilitation program to enhance knee joint mobility and strength.

Procedure: The patient received general anesthesia, and a deltopectoral approach was utilized to access the left shoulder joint. Dense adhesions and contractures were observed, limiting range of motion. Extensive debridement of necrotic tissue was performed, and the joint capsule was released to improve mobility. Copious irrigation was conducted, and a drain was inserted. The wound was closed meticulously. Postoperatively, the patient will be initiated on anti-tuberculous therapy and receive physical therapy to regain shoulder function.

Procedure: Under general anesthesia, arthroscopic access was obtained to the right temporomandibular joint. Synovial biopsy samples were obtained using arthroscopic instruments, ensuring adequate representation for analysis. The joint was thoroughly irrigated, and an anti-tuberculous drug solution was injected intra-articularly. Postoperatively, the patient will commence anti-tuberculous therapy and undergo supportive measures to alleviate pain and improve jaw function.

Procedure: With regional anesthesia administered, a mini-open approach was employed to address the unstable right ankle joint. The lateral ligaments were reconstructed using autografts, restoring stability. Debridement of the inflamed synovium was performed, and thorough joint lavage was carried out. The wounds were closed, and a below-knee cast was applied. Anti-tuberculous therapy will be initiated, and the patient will follow a rehabilitation program for ankle strength and function.

Procedure: The patient underwent general anesthesia, and a posterior approach was utilized for the left hip joint. Extensive destruction of the acetabulum and presence of abscesses were observed. A joint fusion procedure was performed, utilizing bone grafts and fixation hardware. The abscesses were drained meticulously, and appropriate irrigation was carried out. The wound was closed in layers, and postoperative care included anti-tuberculous medication and rehabilitation for pain relief and ambulation.

Procedure: Under regional anesthesia, a mini-open approach was utilized for the right wrist joint. Synovectomy was performed to remove the inflamed synovium. Additionally, repair of the extensor tendon was conducted meticulously. Hemostasis was achieved, and the wounds were closed primarily. Postoperatively, the patient will receive anti-tuberculous therapy and undergo hand therapy for functional recovery and tendon rehabilitation.

Procedure: After general anesthesia induction, a midline incision was made over the left knee joint. Purulent material and necrotic tissue were meticulously debrided. The joint was thoroughly irrigated with antibiotic solution, and an antibiotic spacer was placed to aid in local drug delivery. The wound was closed, and a drain was inserted. The patient will receive anti-tuberculous therapy, followed by reevaluation for joint reconstruction.

Procedure: The patient received general anesthesia, and a posterior approach was employed to access the right hip joint. Extensive joint destruction and necrotic tissue were encountered. A joint resection was performed, followed by placement of a prosthetic hip joint replacement. The wound was closed in layers, and postoperative care included anti-tuberculous therapy, weight-bearing restrictions, and physical therapy for functional recovery.

Procedure: Under general anesthesia, arthroscopic access was obtained to the left elbow joint. Multiple portals were created, allowing for joint visualization and instrumentation. Thorough lavage of the joint was conducted using sterile saline to remove purulent material. Debridement of necrotic synovial tissue was performed, and careful examination of articular surfaces was carried out. The patient will be initiated on anti-tuberculous therapy, and postoperative management will involve elbow mobilization and rehabilitation.

Procedure: Under local anesthesia, joint aspiration of the right knee joint was performed using aseptic technique. Synovial fluid was obtained for analysis. Subsequently, an intra-articular injection of corticosteroids was administered to alleviate inflammation and pain. The patient will initiate anti-tuberculous therapy, and clinical monitoring will be conducted for symptom improvement and joint function.

Procedure: After general anesthesia induction, an incision was made over the medial aspect of the left ankle joint. Dense adhesions and contractures were encountered, significantly restricting joint motion. Careful exploration of the joint was performed, followed by meticulous release of the surrounding soft tissues to improve ankle mobility. The wound was closed in layers, and postoperative management will include anti-tuberculous therapy, ankle immobilization, and physical therapy for functional recovery.

Procedure: A mini-open approach was utilized to access the right shoulder joint. Synovectomy was performed to remove inflamed synovium. Arthroscopic lavage was carried out using a sterile saline solution to cleanse the joint. Hemostasis was achieved, and the wound was closed in layers. Postoperatively, the patient will be started on anti-tuberculous therapy and undergo a tailored rehabilitation program for shoulder mobility and strength.

Procedure: The patient underwent general anesthesia with a slightly higher dosage to ensure adequate pain control during the procedure. An incision was made over the left knee joint, allowing access to the intra-articular structures. Extensive debridement of necrotic tissue was performed, and capsular release was carried out to improve joint mobility. Copious irrigation was performed, and a drain was inserted. The wound was closed meticulously. Postoperatively, the patient will receive anti-tuberculous therapy and undergo physiotherapy for functional recovery.

Procedure: The patient received general anesthesia with a slightly lower dosage to minimize potential side effects. Arthroscopic access to the right hip joint was achieved using multiple portals. Synovectomy was performed meticulously to remove inflamed synovium. Biopsy samples were obtained for further analysis. Thorough irrigation was conducted, and the portals were closed. The patient will commence anti-tuberculous therapy, followed by a tailored rehabilitation program to improve hip joint function and alleviate symptoms.

Procedure: The patient underwent general anesthesia with a higher dosage to ensure a comfortable intraoperative experience. A midline incision was made over the lumbar spine, providing access to the affected facet joints. Joint fusion was performed using bone grafts and stabilization with screws and rods. The wound was closed meticulously, and postoperative care included anti-tuberculous therapy and a structured rehabilitation program for pain relief and spinal stability.

Procedure: The patient received regional anesthesia with a lower dosage, providing adequate pain control during the procedure. Joint aspiration of the left ankle joint was performed using aseptic technique. Purulent material was removed, and an antibiotic spacer was placed intra-articularly. Thorough irrigation was carried out, and the wound was closed. The patient will initiate anti-tuberculous therapy, and further interventions will be considered based on clinical progress and infection control.

Procedure: The patient underwent general anesthesia with a slightly higher dosage to ensure a comfortable surgical experience. A mini-open approach was employed to access the right elbow joint. Joint resection was performed, removing diseased articular surfaces. Soft tissue release was carried out meticulously to address severe contracture. The wound was closed in layers, and postoperative care included anti-tuberculous therapy, elbow immobilization, and physical therapy for functional recovery.

Procedure: The patient received regional anesthesia with a lower dosage for optimal pain management. Arthroscopic access to the left wrist joint was obtained through multiple portals. Thorough joint lavage was performed using sterile saline, and debridement of necrotic tissue was carried out meticulously. The joint was examined for any additional pathology. The patient will initiate anti-tuberculous therapy, followed by a tailored hand therapy program for functional recovery.

Procedure: The patient underwent general anesthesia with a slightly higher dosage for optimal intraoperative comfort. A preauricular incision was made to access the right temporomandibular joint. Dense adhesions and an abscess were encountered, requiring meticulous exploration and drainage. Copious irrigation was performed, and the wound was closed meticulously. Postoperatively, the patient will receive anti-tuberculous therapy and undergo supportive measures to alleviate pain and improve jaw function.

Procedure: The patient received regional anesthesia with an adjusted lower dosage to ensure optimal pain control. A mini-open approach was utilized to access the left ankle joint. Synovectomy was performed meticulously, removing inflamed synovium. Concurrently, repair of the involved Achilles tendon was conducted using appropriate techniques. Hemostasis was achieved, and the wound was closed primarily. Postoperatively, the patient will receive anti-tuberculous therapy and undergo a tailored rehabilitation program for ankle function and tendon rehabilitation.

Procedure: The patient received general anesthesia with an adjusted dosage based on individual factors. Joint lavage of the right shoulder was performed using a sterile saline solution, ensuring thorough cleansing. Arthroscopic biopsy samples were obtained for histopathological analysis. The joint was inspected for any associated pathology. The patient will commence anti-tuberculous therapy, followed by a tailored rehabilitation program to improve shoulder function and alleviate symptoms.

Procedure: The patient received general anesthesia with an adjusted higher dosage to ensure adequate pain control during the procedure. An incision was made over the left knee joint, providing access to the intra-articular structures. Extensive debridement of necrotic tissue was performed meticulously. Additionally, an intra-articular injection of analgesic medication was administered to alleviate severe bone pain. Copious irrigation was performed, and the wound was closed meticulously. Postoperatively, the patient will receive anti-tuberculous therapy and appropriate pain management to alleviate symptoms.

Procedure: The patient underwent general anesthesia with an adjusted higher dosage for optimal intraoperative pain control. Joint aspiration of the right hip joint was performed using aseptic technique, followed by the placement of an antibiotic spacer to aid in infection control. Additionally, a nerve block was performed to alleviate severe bone pain. Thorough irrigation was carried out, and the wound was closed meticulously. The patient will initiate anti-tuberculous therapy and receive postoperative pain management to alleviate symptoms.

Procedure: The patient received general anesthesia with an adjusted higher dosage to ensure optimal pain control during the procedure. A mini-open approach was employed to access the right shoulder joint. Extensive joint resection was performed to remove diseased bone and alleviate severe bone pain. Bone grafting was carried out meticulously to restore shoulder joint integrity. The wound was closed in layers, and postoperative care included anti-tuberculous therapy and pain management for symptom relief.

Procedure: The patient underwent regional anesthesia with an adjusted lower dosage for adequate pain management. Arthroscopic access to the left ankle joint was achieved through multiple portals. Synovectomy was performed meticulously to remove inflamed synovium. Additionally, radiofrequency ablation was utilized to target nerve endings and alleviate severe bone pain. Thorough irrigation was carried out, and the portals were closed. Postoperatively, the patient will initiate anti-tuberculous therapy and receive tailored pain management to alleviate symptoms.

Procedure: The patient received general anesthesia with an adjusted higher dosage to ensure optimal pain control during the procedure. A midline incision was made over the lumbar spine, allowing access to the affected facet joints. Decompression of the joints was performed meticulously to alleviate severe bone pain. Additionally, an opioid infusion was utilized to provide continuous pain relief. The wound was closed meticulously, and postoperative care included anti-tuberculous therapy and pain management for symptom relief.

Procedure: The patient underwent general anesthesia with an adjusted higher dosage for optimal intraoperative pain control. Joint lavage of the right knee was performed using a sterile saline solution, followed by arthroscopic debridement of necrotic tissue to alleviate severe bone

pain. Additionally, epidural analgesia was administered to provide continuous pain relief. Thorough irrigation was conducted, and the wound was closed meticulously. Postoperatively, the patient will receive anti-tuberculous therapy and tailored pain management to alleviate symptoms.

Procedure: The patient received general anesthesia with an adjusted higher dosage to ensure optimal intraoperative pain control. A posterior approach was employed to access the left elbow joint. Extensive exploration was performed to assess the extent of joint involvement. Neurolysis was carried out meticulously to relieve severe bone pain caused by nerve compression. The wound was closed in layers, and postoperative care included anti-tuberculous therapy and tailored pain management for symptom relief.

Procedure: The patient underwent regional anesthesia with an adjusted lower dosage for adequate pain management during the procedure. A mini-open approach was utilized to perform synovectomy of the affected thoracic spine. Additionally, percutaneous vertebroplasty was performed to stabilize the vertebral bodies and alleviate severe bone pain. The wound was closed meticulously, and postoperative care included anti-tuberculous therapy and tailored pain management for symptom relief.

Procedure: The patient received general anesthesia with an adjusted higher dosage for optimal intraoperative pain control. Arthroscopic biopsy samples were obtained for histopathological analysis. Concurrently, nerve decompression was performed to alleviate severe bone pain caused by nerve compression. Spinal cord stimulation was implemented to provide continuous pain relief. The portals were closed, and postoperative care included anti-tuberculous therapy and tailored pain management for symptom relief.

Procedure: The patient underwent general anesthesia with an adjusted higher dosage for optimal pain control during the procedure. An incision was made over the left hip joint, allowing access to the intra-articular structures. Extensive debridement of necrotic tissue was performed meticulously. Bone grafting was carried out to address severe bone pain and promote joint stability. Additionally, an intrathecal analgesic delivery system was placed to provide continuous pain relief. The wound was closed meticulously, and postoperative care included anti-tuberculous therapy and tailored pain management for symptom relief.

Procedure: The patient received general anesthesia with an adjusted higher dosage for optimal pain control during the procedure. A medial incision was made over the right ankle joint, providing access to the affected structures. Extensive joint debridement and removal of necrotic tissue were performed meticulously. Subsequently, joint arthrodesis was performed using bone grafts and fixation hardware to address severe bone pain and stabilize the joint. The wound was closed in layers, and postoperative care included anti-tuberculous therapy and tailored pain management for symptom relief.

Procedure: The patient underwent general anesthesia with an adjusted higher dosage to ensure optimal pain control during the procedure. An incision was made over the left hip joint, providing access to the affected joint surfaces. Extensive debridement of necrotic tissue was performed meticulously. Joint resurfacing was then carried out using specialized implants to address severe bone pain and restore joint function. The wound was closed meticulously, and postoperative care included anti-tuberculous therapy and tailored pain management for symptom relief.

Procedure: The patient received general anesthesia with an adjusted higher dosage for optimal pain control during the procedure. A posterior approach was employed to access the affected thoracic spine. Bone decompression was performed meticulously to alleviate severe bone pain caused by nerve compression. Structural support, such as spinal instrumentation and fusion, was then carried out to provide stability and relieve pain. The wound was closed in layers, and postoperative care included anti-tuberculous therapy and tailored pain management for symptom relief.

Procedure: The patient underwent general anesthesia with an adjusted higher dosage to ensure optimal pain control during the procedure. An incision was made over the right knee joint, providing access to the affected joint surfaces. Extensive debridement of necrotic tissue was performed meticulously. Subsequently, joint replacement was carried out using prosthetic components to address severe bone pain and restore joint function. The wound was closed meticulously, and postoperative care included anti-tuberculous therapy and tailored pain management for symptom relief.

Procedure: The patient received general anesthesia with an adjusted higher dosage for optimal pain control during the procedure. A midline incision was made over the lumbar spine, providing access to the affected vertebral bodies. Bone augmentation, such as vertebroplasty or kyphoplasty, was performed meticulously to alleviate severe bone pain and reinforce vertebral integrity. Stabilization with fixation hardware was then carried out to provide additional support. The wound was closed in layers, and postoperative care included anti-tuberculous therapy and tailored pain management for symptom relief.

Procedure: The patient underwent general anesthesia with an adjusted higher dosage to ensure optimal pain control during the procedure. An incision was made over the right shoulder joint, providing access to the affected structures. Extensive debridement of necrotic tissue was performed meticulously. Bone grafting was carried out to address severe bone pain and promote joint fusion. Fixation hardware was utilized to provide stability. The wound was closed in layers, and postoperative care included anti-tuberculous therapy and tailored pain management for symptom relief.

Procedure: The patient received general anesthesia with an adjusted higher dosage for optimal pain control during the procedure. A posterior approach was employed to access the left elbow joint. Extensive joint reconstruction was performed meticulously to alleviate severe bone pain and restore joint function. Soft tissue repair, including ligament and tendon repair, was also carried out. The wound was closed in layers, and postoperative care included anti-tuberculous therapy and tailored pain management for symptom relief.

Procedure: The patient underwent regional anesthesia with an adjusted lower dosage for adequate pain management during the procedure. An incision was made over the right wrist joint, providing access to the affected structures. Extensive bone resection was performed meticulously to alleviate severe bone pain and remove diseased bone. Concurrently, nerve decompression was carried out to relieve pain caused by nerve compression. The wound was closed in layers, and postoperative care included anti-tuberculous therapy and tailored pain management for symptom relief.

Procedure: The patient received general anesthesia with an adjusted higher dosage to ensure optimal pain control during the procedure. An incision was made over the left hip joint, providing access to the affected joint surfaces. Extensive joint realignment and osteotomy were performed meticulously to address severe bone pain and restore proper joint alignment. The wound was closed meticulously, and postoperative care included anti-tuberculous therapy and tailored pain management for symptom relief.

Procedure: The patient underwent general anesthesia with an adjusted higher dosage for optimal pain control during the procedure. A posterior approach was employed to access the affected cervical spine. Bone fusion was performed meticulously to alleviate severe bone pain and provide stability. Dynamic stabilization techniques were utilized to preserve motion and reduce stress on adjacent segments. The wound was closed in layers, and postoperative care included anti-tuberculous therapy and tailored pain management for symptom relief.

Procedure: The patient received general anesthesia, and an incision was made over the right knee joint. Intraoperative examination revealed severe bone erosion. Extensive debridement of necrotic tissue and infected bone was performed meticulously. Autologous bone grafts and synthetic bone substitutes were utilized to fill the bone defects. The wound was closed in layers. Postoperatively, the patient will receive anti-tuberculous therapy and undergo regular imaging assessments to monitor bone healing and erosion resolution.

Procedure: The patient underwent general anesthesia, and an incision was made over the left shoulder joint. Intraoperative assessment revealed significant bone erosion in the joint. Thorough exploration and curettage of the affected bone were performed meticulously. Cement augmentation was employed to provide structural support and fill the bone defects. The wound was closed in layers. The patient will be initiated on anti-tuberculous therapy and receive regular follow-up to monitor joint function and bone healing.

Procedure: Under regional anesthesia, arthroscopic access was obtained to the right ankle joint. Thorough joint lavage was performed using sterile saline solution. Extensive debridement of necrotic tissue and eroded bone was carried out meticulously. Structural allografts were utilized to reconstruct the eroded bone and restore joint stability. The wounds were closed with sutures. The patient will commence anti-tuberculous therapy, followed by rehabilitation to improve ankle function and monitor bone regeneration.

Procedure: The patient received general anesthesia, and an incision was made over the left hip joint. Intraoperative evaluation revealed substantial bone erosion. Joint resurfacing was performed using specialized implants to restore articular surfaces. Autologous bone grafts were utilized to address bone erosion and promote healing. The wound was closed meticulously. Postoperatively, the patient will receive anti-tuberculous therapy and undergo regular radiographic assessments to monitor joint function and bone regeneration.

Procedure: The patient underwent general anesthesia, and arthroscopic access was obtained to the right elbow joint. Synovectomy was performed meticulously to remove inflamed synovium. Extensive debridement of eroded bone and necrotic tissue was carried out. Osteochondral allograft transplantation was performed to restore the eroded joint surface. The wounds were closed, and the patient will initiate anti-tuberculous therapy. Regular follow-up will be conducted to assess joint function and bone healing.

Procedure: The patient received general anesthesia, and an incision was made over the left wrist joint. Intraoperative evaluation revealed significant bone erosion and joint instability. Open joint reconstruction was performed using autografts and fixation hardware to address the erosion and stabilize the joint. The wounds were closed meticulously. Postoperatively, the patient will be initiated on anti-tuberculous therapy and undergo regular imaging to assess bone healing and joint stability.

Procedure: The patient underwent general anesthesia, and an incision was made over the right shoulder joint. Intraoperative assessment revealed extensive bone erosion and joint instability. Joint arthrodesis was performed meticulously to alleviate pain and restore stability. Debridement of eroded bone was carried out to remove infected tissue. The wound was closed in layers. Postoperatively, the patient will receive anti-tuberculous therapy and undergo regular follow-up to monitor bone fusion and joint function.

Procedure: Under regional anesthesia, a mini-open approach was employed to access the left knee joint. Extensive resection of the eroded joint surfaces was performed meticulously. Debridement of necrotic tissue and infected bone was carried out. An antibiotic impregnated cement spacer was placed to provide local antibiotic delivery and support joint stability. The wounds were closed meticulously. The patient will be initiated on anti-tuberculous therapy and undergo regular imaging assessments to monitor bone healing and erosion resolution.

Procedure: The patient received general anesthesia, and an incision was made over the right ankle joint. Intraoperative assessment revealed severe bone erosion and joint instability. Joint reconstruction was performed meticulously using structural autografts to restore joint integrity. Debridement of eroded bone and infected tissue was carried out. The wound was closed in layers. Postoperatively, the patient will receive anti-tuberculous therapy and undergo regular follow-up to monitor bone healing and joint function.

Procedure: The patient underwent general anesthesia, and arthroscopic access was obtained to the left hip joint. Synovectomy was performed meticulously to remove inflamed synovium. Extensive debridement of eroded bone and necrotic tissue was carried out. Bone morphogenetic protein (BMP) was applied to promote bone regeneration and fill the erosion sites. The wounds were closed, and the patient will initiate anti-tuberculous therapy. Regular radiographic assessments will be conducted to monitor joint function and bone healing.

Procedure: The patient received general anesthesia, and an incision was made over the right elbow joint. Intraoperative evaluation revealed significant bone erosion. Thorough exploration was performed, followed by meticulous debridement of eroded bone and necrotic tissue. Bone grafting was conducted using allografts to address bone defects and promote healing. The wound was closed in layers. Postoperatively, the patient will initiate anti-tuberculous therapy and undergo regular radiographic assessments to monitor bone healing and erosion resolution.

Procedure: The patient underwent general anesthesia, and an incision was made over the left knee joint. Intraoperative assessment revealed extensive bone erosion. Joint resurfacing was performed using custom implants to restore articular surfaces. Meticulous debridement of eroded bone and necrotic tissue was carried out. The wound was closed meticulously. Postoperatively, the patient will receive anti-tuberculous therapy and undergo regular radiographic assessments to monitor joint function and bone regeneration.

Procedure: Under regional anesthesia, arthroscopic access was obtained to the right wrist joint. Synovectomy was performed meticulously to remove inflamed synovium. Extensive debridement of eroded bone and necrotic tissue was carried out. Additionally, biologic therapy, such as platelet-rich plasma or stem cell injections, was applied to promote bone healing and regeneration. The wounds were closed with sutures. The patient will initiate anti-tuberculous therapy and undergo regular follow-up to assess joint function and bone recovery.

Procedure: The patient received general anesthesia, and an incision was made over the left shoulder joint. Intraoperative evaluation revealed extensive bone erosion and joint instability. Joint fusion was performed meticulously to alleviate pain and restore stability. Debridement of eroded bone and infected tissue was carried out. The wound was closed in layers. Postoperatively, the patient will receive anti-tuberculous therapy and undergo regular radiographic assessments to monitor bone fusion and joint function.

Procedure: The patient underwent general anesthesia, and an incision was made over the lumbar spine. Intraoperative assessment revealed significant bone erosion. Bone grafting was performed meticulously to address the bone defects caused by erosion. Internal fixation with screws and rods was utilized to provide stability and promote bone healing. The wound was closed in layers. Postoperatively, the patient will receive anti-tuberculous therapy and undergo regular imaging assessments to monitor bone fusion and erosion resolution.

Procedure: The patient received general anesthesia, and an incision was made over the right hip joint. Intraoperative evaluation revealed extensive bone erosion and joint instability. Joint reconstruction was performed meticulously using autografts to restore joint integrity. Debridement of eroded bone and infected tissue was carried out. The wound was closed in layers. Postoperatively, the patient will receive anti-tuberculous therapy and undergo regular radiographic assessments to monitor bone healing and joint function.

Procedure: Under general anesthesia, an incision was made over the left ankle joint. Intraoperative assessment revealed significant bone erosion. Thorough exploration and debridement of eroded bone and necrotic tissue were performed meticulously. Antibiotic-impregnated beads were placed to provide localized antibiotic delivery and facilitate bone healing. The wound was closed meticulously. The patient will initiate anti-tuberculous therapy and undergo regular radiographic assessments to monitor bone healing and erosion resolution.

Procedure: The patient underwent general anesthesia, and an incision was made over the right shoulder joint. Intraoperative evaluation revealed extensive bone erosion. Joint resurfacing was performed using specialized implants to restore articular surfaces. Meticulous debridement of eroded bone and necrotic tissue was carried out. Additionally, biologic augmentation, such as bone morphogenetic protein (BMP) or growth factors, was applied to enhance bone healing and regeneration. The wound was closed meticulously. Postoperatively, the patient will receive anti-tuberculous therapy and undergo regular radiographic assessments to monitor joint function and bone regeneration.

Procedure: The patient received general anesthesia, and an incision was made over the left knee joint. Intraoperative evaluation revealed extensive bone erosion and joint instability. Joint arthrodesis was performed meticulously to alleviate pain and restore stability. Debridement of eroded bone and infected tissue was carried out. External fixation with a frame was utilized to provide temporary stability during the bone healing process. The wound was closed in layers. Postoperatively, the patient will receive anti-tuberculous therapy and undergo regular radiographic assessments to monitor bone fusion and joint function.

Procedure: The patient underwent general anesthesia, and an incision was made over the affected cervical spine. Intraoperative assessment revealed significant bone erosion. Bone grafting was performed meticulously to address the bone defects caused by erosion. Internal fixation with screws and plates was utilized to provide stability and promote bone healing. The wound was closed in layers. Postoperatively, the patient will receive anti-tuberculous therapy and undergo regular imaging assessments to monitor bone fusion and erosion resolution.

Procedure: The patient received general anesthesia, and an incision was made over the right ankle joint. Intraoperative assessment revealed severe infection involving the joint. Extensive debridement of necrotic tissue and infected bone was performed meticulously. Concurrently, soft tissue excision was carried out to remove infected structures. An antibiotic spacer was placed intra-articularly to facilitate local antibiotic delivery. The wound was closed meticulously. The patient will be initiated on anti-tuberculous therapy, receive appropriate systemic antibiotics, and undergo regular follow-up to assess infection control and joint function.

Procedure: The patient underwent regional anesthesia, and arthroscopic access was obtained to the left knee joint. Thorough joint lavage was performed using a sterile saline solution containing antibiotics. Extensive debridement of eroded bone and necrotic tissue was carried out meticulously. The joint was irrigated with an antibiotic solution for further infection control. The portals were closed. The patient will initiate anti-tuberculous therapy and receive appropriate systemic antibiotics. Regular follow-up will be conducted to monitor infection resolution and joint recovery.

Procedure: The patient received general anesthesia, and an incision was made over the right shoulder joint. Intraoperative evaluation revealed severe infection involving the joint. Thorough exploration was performed, followed by meticulous debridement of infected tissues and necrotic bone. Biopsy samples of the synovium were obtained for further analysis. The wound was closed in layers. The patient will be initiated on anti-tuberculous therapy, receive appropriate systemic antibiotics, and undergo regular follow-up to assess infection control and joint function.

Procedure: The patient underwent general anesthesia, and an incision was made over the left hip joint. Intraoperative assessment revealed a large abscess formation due to severe infection. Thorough exploration was performed, and the abscess was drained meticulously. Antibiotic-impregnated beads were placed in the joint to provide localized antibiotic delivery. The wound was closed meticulously. The patient will be initiated on anti-tuberculous therapy, receive appropriate systemic antibiotics, and undergo regular follow-up to assess infection resolution and joint recovery.

Procedure: Under regional anesthesia, joint aspiration of the right wrist joint was performed using aseptic technique. Purulent material was drained, and an antibiotic spacer was placed intra-articularly to provide localized antibiotic delivery. Extensive debridement of necrotic tissue and infected structures was carried out meticulously. The wound was closed with sutures. The patient will initiate anti-tuberculous therapy, receive appropriate systemic antibiotics, and undergo regular follow-up to assess infection control and joint function.

Procedure: The patient received general anesthesia, and an incision was made over the left ankle joint. Intraoperative assessment revealed severe infection within the joint. Exploratory arthrotomy was performed meticulously, followed by extensive debridement of infected tissues and necrotic bone. Negative pressure wound therapy was applied to promote wound healing and infection control. The wound was closed in layers. The patient will be initiated on anti-tuberculous therapy, receive appropriate systemic antibiotics, and undergo regular follow-up to assess infection resolution and joint recovery.

Procedure: The patient received general anesthesia, and an incision was made over the right elbow joint. Intraoperative evaluation revealed severe infection within the joint. Thorough exploration was performed, followed by meticulous debridement of septic arthritis and necrotic bone. An antibiotic impregnated spacer was placed to provide localized antibiotic delivery. The wound was closed meticulously. The patient will be initiated on anti-tuberculous therapy, receive appropriate systemic antibiotics, and undergo regular follow-up to assess infection control and joint function.

Procedure: The patient underwent regional anesthesia, and joint lavage of the left knee joint was performed using a sterile saline solution containing antibiotics. A deep abscess within the joint was identified and drained meticulously. The joint was further irrigated with antibiotic solution for infection control. The portals were closed. The patient will initiate anti-tuberculous therapy, receive appropriate systemic antibiotics, and undergo regular follow-up to monitor infection resolution and joint recovery.

Procedure: The patient received general anesthesia, and an incision was made over the right shoulder joint. Intraoperative assessment revealed severe infection involving the joint. Thorough exploration was performed, followed by meticulous debridement of infected tissues and necrotic bone. Vacuum-assisted closure (VAC) therapy was applied to promote wound healing and infection control. The wound was closed in layers. The patient will be initiated on anti-tuberculous therapy, receive appropriate systemic antibiotics, and undergo regular follow-up to assess infection control and joint function.

Procedure: The patient underwent general anesthesia, and arthroscopic access was obtained to the left hip joint. Synovectomy was performed meticulously to remove inflamed synovium. A significant abscess within the joint was identified and drained. Antibiotic-impregnated beads were placed intra-articularly to facilitate local antibiotic delivery. The portals were closed. The patient will initiate anti-tuberculous therapy, receive appropriate systemic antibiotics, and undergo regular follow-up to assess infection control and joint function.

Procedure: The patient underwent regional anesthesia, and joint lavage of the right knee joint was performed using a sterile saline solution. Synovectomy was meticulously carried out to remove inflamed synovium. Additionally, a steroid injection was administered to reduce inflammation and alleviate pain. The wound was closed, and the patient will initiate anti-tuberculous therapy. Regular follow-up will be conducted to monitor joint function and inflammation control.

Procedure: The patient received general anesthesia, and an incision was made over the left shoulder joint. Intraoperative evaluation revealed significant inflammation involving the joint. Extensive debridement of inflammatory tissue and necrotic bone was meticulously performed. Additionally, an intra-articular injection of hyaluronic acid was administered to reduce inflammation and improve joint lubrication. The wound was closed meticulously, and the patient will initiate anti-tuberculous therapy. Regular follow-up will be conducted to monitor joint function and inflammation control.

Procedure: Under regional anesthesia, joint arthroscopy of the right ankle joint was performed. Synovial biopsy samples were obtained for further analysis. Meticulous irrigation was carried out to reduce inflammation. Additionally, an injection of anti-inflammatory medication, such as corticosteroids, was administered to alleviate pain and decrease inflammation. The portals were closed, and the patient will initiate anti-tuberculous therapy. Regular follow-up will be conducted to monitor joint function and inflammation control.

Procedure: The patient received general anesthesia, and an incision was made over the left elbow joint. Intraoperative evaluation revealed significant inflammation within the joint. Thorough exploration was performed, followed by meticulous debridement of inflammatory tissue and infected structures. Cold compress application was employed to reduce inflammation and swelling. The wound was closed in layers, and the patient will initiate anti-tuberculous therapy. Regular follow-up will be conducted to monitor joint function and inflammation control.

Procedure: Under regional anesthesia, joint aspiration of the right wrist joint was performed using aseptic technique. Inflammatory fluid was drained, providing immediate relief. Additionally, an injection of a nonsteroidal anti-inflammatory drug (NSAID) was administered to further reduce inflammation and alleviate pain. The joint was immobilized with a splint. The patient will initiate anti-tuberculous therapy and receive appropriate pain management. Regular follow-up will be conducted to monitor joint function and inflammation control.

Procedure: The patient underwent general anesthesia, and arthroscopic access was obtained to the left hip joint. Synovectomy was performed meticulously to remove inflamed synovium. Inflammatory tissue debridement was carried out to reduce inflammation and alleviate pain. Additionally, topical application of anti-inflammatory medication, such as a corticosteroid cream or gel, was performed to provide localized relief. The portals were closed, and the patient will initiate anti-tuberculous therapy. Regular follow-up will be conducted to monitor joint function and inflammation control.

Procedure: The patient received general anesthesia, and an incision was made over the right shoulder joint. Intraoperative assessment revealed significant inflammation within the joint. Thorough exploration was performed, followed by meticulous debridement of inflammatory tissue and necrotic bone. Platelet-rich plasma (PRP) was injected into the joint to promote healing and reduce inflammation. The wound was closed meticulously, and the patient will initiate anti-tuberculous therapy. Regular follow-up will be conducted to monitor joint function and inflammation control.

Procedure: The patient underwent regional anesthesia, and joint lavage of the left knee joint was performed using a sterile saline solution. Synovectomy was meticulously carried out to remove inflamed synovium. Additionally, an intra-articular injection of corticosteroids was administered to reduce inflammation and alleviate pain. The wound was closed, and the patient will initiate anti-tuberculous therapy. Regular follow-up will be conducted to monitor joint function and inflammation control.

Procedure: The patient received general anesthesia, and an incision was made over the right ankle joint. Intraoperative evaluation revealed significant inflammation involving the joint. Extensive debridement of inflammatory tissue and necrotic bone was meticulously performed. Topical application of anti-inflammatory medication, such as a corticosteroid ointment, was applied to reduce inflammation and promote healing. The wound was closed meticulously, and the patient will initiate anti-tuberculous therapy. Regular follow-up will be conducted to monitor joint function and inflammation control.

Procedure: Under regional anesthesia, arthroscopic access was obtained to the left elbow joint. Synovectomy was performed meticulously to remove inflamed synovium. Inflammatory tissue debridement was carried out to reduce inflammation and alleviate pain. Cold therapy, such as the application of ice packs or cold compresses, was employed to further decrease inflammation and swelling. The portals were closed, and the patient will initiate anti-tuberculous therapy. Regular follow-up will be conducted to monitor joint function and inflammation control.

Procedure: The patient received general anesthesia, and an incision was made over the right knee joint. Intraoperative assessment revealed severe tuberculous arthritis with extensive bone erosion and infection. Thorough debridement of necrotic tissue and infected bone was performed meticulously. An antibiotic spacer was placed to provide local antibiotic delivery and joint stability. The wound was closed in layers. Postoperatively, the patient will initiate anti-tuberculous therapy and receive appropriate systemic antibiotics. The follow-up will be closely monitored depending on the severity of the infection and bone healing progression.

Procedure: The patient received general anesthesia, and an incision was made over the left ankle joint. Intraoperative assessment revealed severe tuberculous arthritis with advanced joint destruction and infection. Joint fusion was performed meticulously to alleviate pain and stabilize the joint. Bone grafting was carried out to address bone defects and promote healing. External fixation with a frame was utilized to provide temporary stability during the bone healing process. The wound was closed in layers. Postoperatively, the patient will initiate anti-tuberculous therapy and receive appropriate systemic antibiotics. The follow-up will be tailored to the severity of the joint destruction, infection control, and bone fusion progress.

Procedure: The patient underwent general anesthesia, and an incision was made over the right hip joint. Intraoperative assessment revealed severe tuberculous arthritis with extensive inflammation and joint damage. Joint resurfacing was performed meticulously to restore articular surfaces. Synovectomy was carried out to remove inflamed synovium. Additionally, anti-inflammatory medication, such as corticosteroids, was administered to reduce inflammation and alleviate pain. The wound was closed meticulously. Postoperatively, the patient will initiate anti-tuberculous therapy. The follow-up will be determined based on the severity of joint damage, inflammation control, and joint function recovery.

Procedure: The patient received general anesthesia, and an incision was made over the left shoulder joint. Intraoperative assessment revealed severe tuberculous arthritis with extensive bone erosion and chronic infection. Joint arthrodesis was performed meticulously to alleviate pain and stabilize the joint. Thorough debridement of necrotic tissue and infected bone was carried out. Vacuum-assisted closure (VAC) therapy was applied to promote wound healing and infection control. The wound was closed in layers. Postoperatively, the patient will initiate anti-tuberculous therapy and receive appropriate systemic antibiotics. The follow-up will be determined based on the severity of infection control, bone healing progression, and joint function recovery.

Procedure: The patient underwent general anesthesia, and an incision was made over the right wrist joint. Intraoperative assessment revealed severe tuberculous arthritis with extensive joint destruction and infection. Joint reconstruction was performed meticulously to restore joint stability and function. Bone grafting was carried out to address bone defects and promote healing. Antibiotic-impregnated beads were placed to provide localized antibiotic delivery. The wound was closed meticulously. Postoperatively, the patient will initiate anti-tuberculous therapy and receive appropriate systemic antibiotics. The follow-up will depend on the severity of joint destruction, infection control, and joint function recovery.

Procedure: The patient received general anesthesia, and an incision was made over the left knee joint. Intraoperative assessment revealed severe tuberculous arthritis with extensive bone erosion and inflammation. Joint resection was performed meticulously to remove diseased joint surfaces. Thorough debridement of eroded bone and necrotic tissue was carried out. Additionally, an intra-articular injection of steroids was administered to reduce inflammation and alleviate pain. The wound was closed in layers. Postoperatively, the patient will initiate anti-tuberculous therapy. The follow-up will be determined based on the severity of joint damage, inflammation control, and joint function recovery.

Procedure: The patient underwent general anesthesia, and an incision was made over the right ankle joint. Intraoperative assessment revealed severe tuberculous arthritis with extensive joint damage and inflammation. Joint reconstruction was performed meticulously to restore joint stability and function. Synovectomy was carried out to remove inflamed synovium. Additionally, biologic therapy, such as platelet-rich plasma (PRP) or growth factor injections, was administered to promote healing and reduce inflammation. The wound was closed meticulously. Postoperatively, the patient will initiate anti-tuberculous therapy. The follow-up will depend on the severity of joint damage, inflammation control, and joint function recovery.

Procedure: The patient received general anesthesia, and an incision was made over the left shoulder joint. Intraoperative assessment revealed severe tuberculous arthritis with extensive joint destruction and chronic infection. Joint fusion was performed meticulously to alleviate pain and stabilize the joint. Bone grafting was carried out to address bone defects and promote healing. An antibiotic impregnated spacer was placed to provide local antibiotic delivery. The wound was closed in layers. Postoperatively, the patient will initiate anti-tuberculous therapy and receive appropriate systemic antibiotics. The follow-up will be determined based on the severity of infection control, bone healing progression, and joint function recovery.

Procedure: The patient underwent general anesthesia, and an incision was made over the right hip joint. Intraoperative assessment revealed severe tuberculous arthritis with extensive inflammation and joint damage. Joint resurfacing was performed meticulously to restore articular surfaces. Synovectomy was carried out to remove inflamed synovium. Additionally, anti-inflammatory medication, such as corticosteroids, was administered to reduce inflammation and alleviate pain. The wound was closed meticulously. Postoperatively, the patient will initiate anti-tuberculous therapy. The follow-up will be determined based on the severity of joint damage, inflammation control, and joint function recovery.

Procedure: The patient received general anesthesia, and an incision was made over the left knee joint. Intraoperative assessment revealed severe tuberculous arthritis with extensive bone erosion and chronic infection. Joint arthrodesis was performed meticulously to alleviate pain and stabilize the joint. Thorough debridement of necrotic tissue and infected bone was carried out. Vacuum-assisted closure (VAC) therapy was applied to promote wound healing and infection control. The wound was closed in layers. Postoperatively, the patient will initiate anti-tuberculous therapy and receive appropriate systemic antibiotics. The follow-up will be determined based on the severity of infection control, bone healing progression, and joint function recovery.

## M01.2 Arthritis in Lyme disease

1. Operative Note: Arthroscopic synovectomy performed on the left knee for arthritis secondary to Lyme disease. Multiple synovial nodules excised, and synovial membrane debrided. Intraoperative findings revealed hypertrophic synovium and joint erosion. Postoperative care includes antibiotics and analgesics.

2. Operative Note: Open synovectomy of the right wrist for Lyme disease-associated arthritis. The synovial tissue was excised, and joint irrigation was performed. Intraoperative evaluation demonstrated synovial hypertrophy and erosions. The patient was placed on postoperative antibiotics and instructed to initiate physical therapy for wrist rehabilitation.

3. Operative Note: Arthroscopic debridement of the hip joint due to Lyme disease-related arthritis. Articular cartilage was smoothed, and loose bodies were removed. Intraoperative assessment revealed synovitis and early joint degeneration. The patient was advised on postoperative rehabilitation and prescribed prophylactic antibiotics.

4. Operative Note: Surgical intervention for arthritis in Lyme disease affecting the cervical spine. Anterior cervical discectomy and fusion (ACDF) performed at C5-C6 level. Disc removal, decompression, and stabilization achieved using a titanium plate and interbody cage. The patient was placed on postoperative antibiotics and recommended follow-up imaging and physical therapy.

5. Operative Note: Arthroscopic surgery for Lyme disease-related arthritis in the ankle joint. Synovial tissue excised, and joint debridement performed. Intraoperative evaluation revealed synovial hypertrophy and erosions. Postoperatively, the patient was prescribed antibiotics, advised to use crutches for ambulation, and referred for physical therapy.

6. Operative Note: Open synovectomy of the left elbow due to Lyme disease-associated arthritis. Synovial excision and thorough joint irrigation performed. Intraoperative findings indicated significant synovial hypertrophy and erosion. Postoperative management included antibiotics, elbow immobilization, and referral to a rheumatologist for further evaluation.

7. Operative Note: Arthroscopic debridement and synovectomy of the shoulder joint for Lyme disease-induced arthritis. Synovial tissue excised, and joint irrigation completed. Intraoperative evaluation showed inflamed synovium and joint space narrowing. The patient was prescribed postoperative antibiotics and advised to initiate gentle range-of-motion exercises.

8. Operative Note: Surgical intervention for arthritis in Lyme disease affecting the temporomandibular joint (TMJ). Arthrocentesis performed, and joint lavage completed. Intraoperative examination revealed synovial inflammation and restricted mouth opening. The patient received postoperative antibiotics and was referred for TMJ physiotherapy.

9. Operative Note: Arthroscopic synovectomy and debridement of the knee joint due to Lyme disease-associated arthritis. Synovial tissue excised, and joint lavage performed. Intraoperative findings demonstrated synovial hypertrophy and cartilage damage. Postoperatively, the patient was instructed to continue antibiotics, utilize knee immobilizer, and commence physical therapy.

10. Operative Note: Open synovectomy of the right shoulder for Lyme disease-related arthritis. Synovial membrane excised, and joint irrigation completed. Intraoperative examination showed synovial hypertrophy and joint erosion. Postoperatively, the patient was prescribed antibiotics, recommended shoulder immobilization, and scheduled for postoperative follow-up and physical therapy.

1. Operative Note: Arthroscopic synovectomy and debridement performed on the left hip joint for arthritis associated with Lyme disease. Synovial tissue excised, and joint lavage completed. Intraoperative assessment revealed synovial hypertrophy and articular cartilage erosion. Postoperatively, the patient was prescribed antibiotics and advised on weight-bearing restrictions, along with a referral for physical therapy.

2. Operative Note: Open synovectomy of the right ankle joint due to Lyme disease-induced arthritis. Synovial tissue excised, and joint irrigation performed. Intraoperative examination revealed hypertrophic synovium and joint space narrowing. The patient received postoperative antibiotics, instructed on ankle immobilization, and referred to a rheumatologist for long-term management.

3. Operative Note: Arthroscopic debridement and synovectomy of the metacarpophalangeal (MCP) joints in both hands for arthritis related to Lyme disease. Synovial excision and joint lavage were completed. Intraoperative findings demonstrated synovial hypertrophy and erosions. Postoperatively, the patient was prescribed antibiotics, advised on hand immobilization, and referred for hand therapy.

4. Operative Note: Surgical intervention for Lyme disease-associated arthritis affecting the lumbar spine. Decompressive laminectomy and posterior spinal fusion performed at L4-L5 level. Intraoperative examination revealed synovial inflammation and spinal instability. The patient was prescribed postoperative antibiotics and referred for physical therapy and pain management.

5. Operative Note: Arthroscopic debridement and synovectomy of the temporomandibular joint (TMJ) for arthritis in Lyme disease. Synovial tissue excised, and joint irrigation completed. Intraoperative evaluation showed synovial hypertrophy and joint inflammation. The patient was prescribed antibiotics, advised on soft diet and TMJ exercises, and referred for TMJ specialist consultation.

6. Operative Note: Open synovectomy of the left knee joint due to Lyme disease-induced arthritis. Synovial excision and joint lavage performed. Intraoperative findings indicated synovial hypertrophy and cartilage degradation. Postoperatively, the patient was prescribed antibiotics, recommended knee immobilization, and scheduled for physical therapy to restore range of motion.

7. Operative Note: Arthroscopic debridement and synovectomy of the elbow joint for arthritis associated with Lyme disease. Synovial tissue excised, and joint irrigation completed. Intraoperative examination revealed synovial hypertrophy and joint space narrowing. Postoperatively, the patient was prescribed antibiotics, advised on elbow immobilization, and referred for occupational therapy.

8. Operative Note: Surgical intervention for Lyme disease-related arthritis affecting the cervical spine. Posterior cervical laminectomy and fusion performed at C3-C4 level. Intraoperative evaluation revealed synovial inflammation and spinal instability. The patient received postoperative antibiotics, instructed on neck immobilization, and referred for postoperative physical therapy.

9. Operative Note: Arthroscopic synovectomy and debridement of the shoulder joint due to Lyme disease-induced arthritis. Synovial tissue excised, and joint lavage performed. Intraoperative findings showed synovial hypertrophy and cartilage erosion. Postoperatively, the patient was prescribed antibiotics, advised on shoulder immobilization, and referred for rehabilitation exercises.

10. Operative Note: Open synovectomy of the right wrist joint for Lyme disease-associated arthritis. Synovial excision and joint irrigation were completed. Intraoperative examination revealed synovial hypertrophy and joint space narrowing. Postoperatively, the patient received antibiotics, instructed on wrist immobilization, and referred for hand therapy.

1. Operative Note: Arthroscopic synovectomy and debridement performed on the left hip joint for arthritis associated with Lyme disease under general anesthesia. The patient received 1 mg/kg of propofol and 0.6 µg/kg of remifentanil for induction. Intraoperative assessment revealed synovial hypertrophy and cartilage erosion. Postoperatively, the patient was prescribed antibiotics and advised on weight-bearing restrictions, along with a referral for physical therapy.

2. Operative Note: Open synovectomy of the right ankle joint due to Lyme disease-induced arthritis under regional anesthesia. The patient received a single-shot popliteal nerve block using 20 ml of 0.5% bupivacaine. Intraoperative examination revealed hypertrophic synovium and joint space narrowing. Postoperatively, the patient received antibiotics, instructed on ankle immobilization, and referred to a rheumatologist for long-term management.

3. Operative Note: Arthroscopic debridement and synovectomy performed on the metacarpophalangeal (MCP) joints in both hands for arthritis related to Lyme disease under local anesthesia. The patient received 20 ml of 1% lidocaine with epinephrine for hand infiltration. Intraoperative findings demonstrated synovial hypertrophy and erosions. Postoperatively, the patient was prescribed antibiotics, advised on hand immobilization, and referred for hand therapy.

4. Operative Note: Surgical intervention for Lyme disease-associated arthritis affecting the lumbar spine under general anesthesia. The patient received 1.5 mg/kg of propofol and 1 µg/kg of fentanyl for induction. Decompressive laminectomy and posterior spinal fusion were performed at L4-L5 level. Intraoperative examination revealed synovial inflammation and spinal instability. The patient was prescribed postoperative antibiotics and referred for physical therapy and pain management.

5. Operative Note: Arthroscopic debridement and synovectomy performed on the temporomandibular joint (TMJ) for arthritis in Lyme disease under general anesthesia. The patient received 2 mg/kg of propofol and 1 µg/kg of remifentanil for induction. Intraoperative evaluation showed synovial hypertrophy and joint inflammation. The patient was prescribed antibiotics, advised on soft diet and TMJ exercises, and referred for TMJ specialist consultation.

6. Operative Note: Open synovectomy of the left knee joint due to Lyme disease-induced arthritis under regional anesthesia. The patient received a femoral nerve block using 25 ml of 0.5% ropivacaine. Synovial excision and joint lavage were performed. Intraoperative findings indicated synovial hypertrophy and cartilage degradation. Postoperatively, the patient was prescribed antibiotics, recommended knee immobilization, and scheduled for physical therapy to restore range of motion.

7. Operative Note: Arthroscopic debridement and synovectomy performed on the elbow joint for arthritis associated with Lyme disease under local anesthesia. The patient received 20 ml of 1% lidocaine with epinephrine for local infiltration. Intraoperative examination revealed synovial hypertrophy and joint space narrowing. Postoperatively, the patient was prescribed antibiotics, advised on elbow immobilization, and referred for occupational therapy.

8. Operative Note: Surgical intervention for Lyme disease-related arthritis affecting the cervical spine under general anesthesia. The patient received 2 mg/kg of propofol and 1 µg/kg of fentanyl for induction. Posterior cervical laminectomy and fusion were performed at C3-C4 level. Intraoperative evaluation revealed synovial inflammation and spinal instability. The patient received postoperative antibiotics, instructed on neck immobilization, and

referred for postoperative physical therapy.

9. Operative Note: Arthroscopic synovectomy and debridement performed on the shoulder joint due to Lyme disease-induced arthritis under general anesthesia. The patient received 1.5 mg/kg of propofol and 1 µg/kg of remifentanil for induction. Synovial tissue excision and joint lavage were completed. Intraoperative findings showed synovial hypertrophy and cartilage erosion. Postoperatively, the patient was prescribed antibiotics, advised on shoulder immobilization, and referred for rehabilitation exercises.

10. Operative Note: Open synovectomy of the right wrist joint for Lyme disease-associated arthritis under regional anesthesia. The patient received an axillary nerve block using 15 ml of 0.5% bupivacaine. Synovial excision and joint irrigation were completed. Intraoperative examination revealed synovial hypertrophy and joint space narrowing. Postoperatively, the patient received antibiotics, instructed on wrist immobilization, and referred for hand therapy.

1. Operative Note: Arthroscopic synovectomy and debridement performed on the left hip joint for Lyme disease-associated arthritis with significant bone erosion. Synovial tissue excised, joint lavage completed, and bone defects addressed. Intraoperative assessment revealed extensive synovial hypertrophy and cartilage erosion. Postoperatively, the patient was prescribed antibiotics, instructed on weight-bearing restrictions, and referred for physical therapy.

2. Operative Note: Open synovectomy of the right ankle joint due to advanced Lyme disease-induced arthritis with severe bone erosion. Synovial excision, joint irrigation, and bone grafting performed. Intraoperative examination revealed extensive synovial hypertrophy, cartilage degradation, and bone defects. The patient received postoperative antibiotics, ankle immobilization, and was scheduled for long-term rheumatologic follow-up.

3. Operative Note: Arthroscopic debridement and synovectomy performed on the metacarpophalangeal (MCP) joints in both hands for Lyme disease-related arthritis with early bone erosion. Synovial tissue excised, joint lavage completed, and bone surfaces smoothed. Intraoperative findings demonstrated synovial hypertrophy, erosions, and minimal bone involvement. Postoperatively, the patient was prescribed antibiotics, advised on hand immobilization, and referred for hand therapy.

4. Operative Note: Surgical intervention for Lyme disease-associated arthritis affecting the lumbar spine with significant vertebral bone erosion. Anterior lumbar interbody fusion (ALIF) performed at L4-L5 level. Intraoperative examination revealed synovial inflammation, spinal instability, and vertebral body erosion. The patient received postoperative antibiotics, instructed on spine immobilization, and referred for physical therapy and pain management.

5. Operative Note: Arthroscopic debridement and synovectomy performed on the temporomandibular joint (TMJ) for Lyme disease-induced arthritis with mild condylar bone erosion. Synovial tissue excised, joint lavage completed, and bone surfaces assessed. Intraoperative evaluation showed synovial hypertrophy, joint inflammation, and minimal bone involvement. The patient received antibiotics, advised on soft diet and TMJ exercises, and was referred for TMJ specialist consultation.

6. Operative Note: Open synovectomy of the left knee joint due to Lyme disease-related arthritis with significant bone erosion. Synovial excision, joint lavage, and bone defect repair performed. Intraoperative findings indicated extensive synovial hypertrophy, cartilage degradation, and bone erosion. Postoperatively, the patient was prescribed antibiotics, recommended knee immobilization, and scheduled for physical therapy to restore joint function.

7. Operative Note: Arthroscopic debridement and synovectomy performed on the elbow joint for Lyme disease-associated arthritis with moderate bone erosion. Synovial tissue excised, joint irrigation completed, and bone surfaces assessed. Intraoperative examination revealed synovial hypertrophy, joint space narrowing, and bone involvement. Postoperatively, the patient received antibiotics, advised on elbow immobilization, and referred for occupational therapy.

8. Operative Note: Surgical intervention for advanced Lyme disease-related arthritis affecting the cervical spine with significant bone erosion. Posterior cervical laminectomy and fusion performed at C3-C4 level. Intraoperative evaluation revealed synovial inflammation, spinal instability, and vertebral bone erosion. The patient received postoperative antibiotics, instructed on neck immobilization, and referred for postoperative physical therapy and long-term rheumatologic management.

9. Operative Note: Arthroscopic synovectomy and debridement performed on the shoulder joint due to Lyme disease-induced arthritis with mild bone erosion. Synovial tissue excised, joint lavage completed, and bone surfaces evaluated. Intraoperative findings showed synovial hypertrophy, cartilage erosion, and minimal bone involvement. Postoperatively, the patient received antibiotics, advised on shoulder immobilization, and referred for rehabilitation exercises.

10. Operative Note: Open synovectomy of the right wrist joint for advanced Lyme disease-associated arthritis with severe bone erosion. Synovial excision, joint irrigation, and bone grafting performed. Intraoperative examination revealed extensive synovial hypertrophy, cartilage degradation, and significant bone defects. The patient received antibiotics, wrist immobilization, and was scheduled for hand therapy and close monitoring by a rheumatologist.

1. Operative Note: Arthroscopic synovectomy and debridement performed on the left hip joint for severe bone pain associated with Lyme disease-induced arthritis and significant bone erosion. Synovial tissue excised, joint lavage completed, and bone surfaces addressed. Intraoperative assessment revealed extensive synovial hypertrophy, cartilage erosion, and bone involvement. Postoperatively, the patient was prescribed antibiotics, instructed on weight-bearing restrictions, provided with pain management, and referred for physical therapy.

2. Operative Note: Open synovectomy of the right ankle joint due to advanced Lyme disease-related arthritis with severe bone pain and extensive bone erosion. Synovial excision, joint irrigation, and bone grafting performed to address pain and bone defects. Intraoperative examination revealed profound synovial hypertrophy, cartilage degradation, and significant bone involvement. The patient received postoperative antibiotics, ankle immobilization, analgesics, and was scheduled for comprehensive rheumatologic evaluation.

3. Operative Note: Arthroscopic debridement and synovectomy performed on the metacarpophalangeal (MCP) joints in both hands for severe bone pain associated with Lyme disease-associated arthritis and early bone erosion. Synovial tissue excised, joint lavage completed, and bone surfaces smoothed to alleviate pain. Intraoperative findings demonstrated marked synovial hypertrophy, erosions, and minimal bone involvement. Postoperatively, the patient was prescribed antibiotics, provided with pain medications, instructed on hand immobilization, and referred for hand therapy.

4. Operative Note: Surgical intervention for Lyme disease-induced arthritis affecting the lumbar spine with severe bone pain and vertebral bone erosion. Anterior lumbar interbody fusion (ALIF) performed at L4-L5 level to address pain and spinal instability. Intraoperative examination revealed intense synovial inflammation, significant bone erosion, and spinal instability. The patient received postoperative antibiotics, analgesics, instructed on spine immobilization, and referred for physical therapy and pain management.

5. Operative Note: Arthroscopic debridement and synovectomy performed on the temporomandibular joint (TMJ) for severe bone pain associated with Lyme disease-induced arthritis and condylar bone erosion. Synovial tissue excised, joint lavage completed, and bone surfaces evaluated for pain relief. Intraoperative evaluation showed marked synovial hypertrophy, joint inflammation, and bone involvement. The patient received antibiotics, analgesics, advised on soft diet and TMJ exercises, and referred for TMJ specialist consultation.

6. Operative Note: Open synovectomy of the left knee joint due to severe bone pain caused by Lyme disease-associated arthritis with significant bone erosion. Synovial excision, joint lavage, and bone defect repair performed to alleviate pain. Intraoperative findings indicated intense synovial hypertrophy, cartilage degradation, and profound bone erosion. Postoperatively, the patient was prescribed antibiotics, provided with analgesics, recommended knee immobilization, and scheduled for physical therapy to restore joint function and manage pain.

7. Operative Note: Arthroscopic debridement and synovectomy performed on the elbow joint for severe bone pain associated with Lyme disease-induced arthritis and moderate bone erosion. Synovial tissue excised, joint irrigation completed, and bone surfaces evaluated for pain management. Intraoperative examination revealed significant synovial hypertrophy, joint space narrowing, and bone involvement. Postoperatively, the patient received antibiotics, analgesics, advised on elbow immobilization, and referred for occupational therapy.

8. Operative Note: Surgical intervention for advanced Lyme disease-related arthritis affecting the cervical spine with severe bone pain and extensive bone erosion. Posterior cervical laminectomy and fusion performed at C3-C4 level to alleviate pain and address spinal instability. Intraoperative evaluation revealed intense synovial inflammation, vertebral bone erosion, and spinal instability. The patient received postoperative antibiotics, analgesics, instructed on neck immobilization, and referred for postoperative physical therapy and pain management.

9. Operative Note: Arthroscopic synovectomy and debridement performed on the shoulder joint due to severe bone pain caused by Lyme disease-associated arthritis and mild bone erosion. Synovial tissue excised, joint lavage completed, and bone surfaces assessed to relieve pain. Intraoperative findings showed notable synovial hypertrophy, cartilage erosion, and minimal bone involvement. Postoperatively, the patient received antibiotics, analgesics, advised on shoulder immobilization, and referred for rehabilitation exercises.

10. Operative Note: Open synovectomy of the right wrist joint for severe bone pain associated with advanced Lyme disease-induced arthritis and severe bone erosion. Synovial excision, joint irrigation, and bone grafting performed to alleviate pain and address bone defects. Intraoperative examination revealed intense synovial hypertrophy, cartilage degradation, and profound bone involvement. The patient received antibiotics, analgesics, wrist immobilization, and was scheduled for hand therapy and close monitoring by a rheumatologist.

1. Operative Note: Surgical intervention for severe bone pain in Lyme disease-associated arthritis affecting multiple joints. Arthroscopic synovectomy and debridement performed on the left knee, right shoulder, and bilateral wrists. Extensive synovial hypertrophy, cartilage erosion, and bone involvement were observed. Postoperatively, the patient was prescribed antibiotics, provided with analgesics, and referred for comprehensive rheumatologic evaluation.

2. Operative Note: Surgical intervention for debilitating bone pain caused by Lyme disease-induced arthritis in the lumbar spine. Posterior spinal fusion performed at L3-L4 and L4-L5 levels, with decompressive laminectomy. Intraoperative assessment revealed severe synovial inflammation, spinal instability, and vertebral bone erosion. The patient received postoperative antibiotics, analgesics, and was referred for physical therapy and pain management.

3. Operative Note: Surgical intervention for Lyme disease-associated arthritis with severe bone pain affecting the temporomandibular joint (TMJ). Arthroplasty performed to address pain and restore joint function. Intraoperative examination revealed significant synovial hypertrophy, joint inflammation, and condylar bone erosion. The patient received postoperative antibiotics, analgesics, advised on soft diet and TMJ exercises, and referred for TMJ specialist consultation.

4. Operative Note: Surgical intervention for severe bone pain and joint dysfunction in Lyme disease-associated arthritis affecting the right hip joint. Total hip replacement performed, addressing synovial hypertrophy, cartilage degradation, and bone erosion. The patient received postoperative antibiotics, analgesics, and was scheduled for physical therapy to restore mobility and alleviate pain.

5. Operative Note: Surgical intervention for debilitating bone pain caused by advanced Lyme disease-related arthritis affecting the cervical spine. Anterior cervical discectomy and fusion (ACDF) performed at C4-C5 level to address pain and spinal instability. Intraoperative examination revealed severe synovial inflammation, vertebral bone erosion, and compression of neural structures. The patient received postoperative antibiotics, analgesics, instructed on neck immobilization, and referred for postoperative physical therapy.

6. Operative Note: Surgical intervention for severe bone pain and joint deterioration in Lyme disease-induced arthritis affecting the bilateral knees. Bilateral total knee arthroplasty performed to address pain, synovial hypertrophy, cartilage erosion, and bone involvement. The patient received postoperative antibiotics, analgesics, and was scheduled for extensive rehabilitation and physiotherapy.

7. Operative Note: Surgical intervention for severe bone pain and functional impairment in Lyme disease-associated arthritis affecting the bilateral ankles. Bilateral ankle arthrodesis performed to address pain, synovial hypertrophy, cartilage degradation, and bone erosion. The patient received postoperative antibiotics, analgesics, and was referred for long-term rheumatologic management and ankle rehabilitation.

8. Operative Note: Surgical intervention for severe bone pain and joint dysfunction in Lyme disease-induced arthritis affecting the metacarpophalangeal (MCP) joints of both hands. MCP joint arthroplasty performed to alleviate pain and restore hand function. Intraoperative examination revealed marked synovial hypertrophy, erosions, and bone involvement. The patient received postoperative antibiotics, analgesics, and was referred for hand therapy.

9. Operative Note: Surgical intervention for debilitating bone pain caused by Lyme disease-associated arthritis in the elbow joint. Elbow arthroscopy performed, including synovectomy, debridement, and bone defect repair. Intraoperative examination revealed severe synovial hypertrophy, joint space narrowing, and bone erosion. The patient received postoperative antibiotics, analgesics, and was referred for occupational therapy.

10. Operative Note: Surgical intervention for severe bone pain and functional impairment in Lyme disease-induced arthritis affecting the bilateral wrists. Bilateral wrist arthroplasty performed to address pain, synovial hypertrophy, cartilage degradation, and bone involvement. The patient received postoperative antibiotics, analgesics, advised on wrist immobilization, and referred for hand therapy and rehabilitation exercises.

Operative Note: Surgical intervention for severe bone pain and joint instability in Lyme disease-associated arthritis affecting the right shoulder joint. Open shoulder stabilization procedure performed to address pain, synovial hypertrophy, cartilage erosion, and bone involvement. Intraoperative examination revealed significant glenoid bone erosion and labral tears.

12. Operative Note: Surgical intervention for severe bone pain and joint deformity in Lyme disease-induced arthritis affecting the metatarsophalangeal (MTP) joint of the right foot. MTP joint fusion performed to address pain, synovial hypertrophy, cartilage degradation, and bone erosion. Intraoperative examination revealed severe bone erosion and joint instability. The patient received postoperative antibiotics, analgesics, and was advised on foot immobilization and referred for foot and ankle rehabilitation.

13. Operative Note: Surgical intervention for debilitating bone pain caused by advanced Lyme disease-related arthritis affecting the thoracic spine. Posterior spinal fusion performed at T6-T8 levels, with instrumentation, to address pain and spinal instability. Intraoperative examination revealed severe synovial inflammation, vertebral bone erosion, and spinal cord compression. The patient received postoperative antibiotics, analgesics, instructed on spine immobilization, and referred for postoperative physical therapy and pain management.

14. Operative Note: Surgical intervention for severe bone pain and joint dysfunction in Lyme disease-associated arthritis affecting the bilateral temporomandibular joints (TMJs). Bilateral TMJ arthroscopy performed to address pain, synovial hypertrophy, cartilage degradation, and bone involvement. Intraoperative examination revealed severe joint inflammation, condylar bone erosion, and limited mouth opening. The patient received postoperative antibiotics, analgesics, and was referred for TMJ physiotherapy and oral appliance therapy.

15. Operative Note: Surgical intervention for severe bone pain and functional impairment in Lyme disease-induced arthritis affecting the bilateral elbows. Bilateral elbow arthroplasty performed to alleviate pain, synovial hypertrophy, cartilage erosion, and bone involvement. Intraoperative examination revealed significant bone erosion and joint contracture. The patient received postoperative antibiotics, analgesics, and was referred for elbow rehabilitation and range of motion exercises.

16. Operative Note: Surgical intervention for severe bone pain and joint deformity in Lyme disease-associated arthritis affecting the distal interphalangeal (DIP) joints of both hands. DIP joint arthrodesis performed to address pain, synovial hypertrophy, cartilage degradation, and bone erosion. Intraoperative examination revealed severe joint destruction and bone deformities. The patient received postoperative antibiotics, analgesics, and was referred for hand therapy and adaptive hand function training.

17. Operative Note: Surgical intervention for severe bone pain and joint instability in Lyme disease-induced arthritis affecting the left hip joint. Open hip arthroplasty performed to address pain, synovial hypertrophy, cartilage erosion, and bone involvement. Intraoperative examination revealed significant bone erosion, joint space narrowing, and osteophyte formation. The patient received postoperative antibiotics, analgesics, and was scheduled for physical therapy to restore hip function and relieve pain.

18. Operative Note: Surgical intervention for debilitating bone pain caused by Lyme disease-associated arthritis in the thoracic spine. Thoracic laminectomy and fusion performed to address pain, synovial inflammation, spinal instability, and vertebral bone erosion. Intraoperative examination revealed severe bone erosion, spinal cord compression, and neural foraminal stenosis. The patient received postoperative antibiotics, analgesics, instructed on spine immobilization, and referred for postoperative physical therapy and pain management.

19. Operative Note: Surgical intervention for severe bone pain and joint dysfunction in Lyme disease-induced arthritis affecting the bilateral temporomandibular joints (TMJs). Bilateral TMJ joint replacement performed to alleviate pain, synovial hypertrophy, cartilage degradation, and severe bone erosion. Intraoperative examination revealed extensive joint destruction and limited jaw movement. The patient received postoperative antibiotics, analgesics, and was referred for TMJ rehabilitation and dietary modifications.

20. Operative Note: Surgical intervention for severe bone pain and joint deformity in Lyme disease-associated arthritis affecting the distal radioulnar joint (DRUJ) of the left wrist. DRUJ arthroplasty performed to address pain, synovial hypertrophy, cartilage degradation, and bone erosion. Intraoperative examination revealed significant bone erosion, joint instability, and ulnar styloid impingement. The patient received postoperative antibiotics, analgesics, advised on wrist immobilization, and referred for hand therapy and functional splinting.

1. Operative Note: Surgical intervention for severe infection and joint destruction in Lyme disease-associated arthritis affecting the right hip joint. Open hip arthroplasty performed to address the infection, synovial hypertrophy, cartilage erosion, and extensive bone involvement. Intraoperative examination revealed purulent synovial fluid, severe joint destruction, and soft tissue abscess formation. The patient received intravenous antibiotics, underwent thorough debridement, and was scheduled for postoperative wound care and infectious disease consultation.

2. Operative Note: Surgical intervention for severe infection and joint instability in Lyme disease-induced arthritis affecting the left shoulder joint. Open shoulder stabilization procedure performed to address the infection, synovial hypertrophy, cartilage erosion, and recurrent dislocations. Intraoperative examination revealed purulent joint fluid, extensive synovitis, and severe bone erosion. The patient received intravenous antibiotics, underwent thorough irrigation, and was referred for postoperative infectious disease management and shoulder rehabilitation.

3. Operative Note: Surgical intervention for severe infection and joint deformity in Lyme disease-associated arthritis affecting the right knee joint. Open knee arthroplasty performed to address the infection, synovial hypertrophy, cartilage degradation, and extensive bone erosion. Intraoperative examination revealed purulent joint fluid, synovial hyperemia, and marked bone destruction. The patient received intravenous antibiotics, thorough debridement, and was scheduled for postoperative infectious disease follow-up and physical therapy.

4. Operative Note: Surgical intervention for severe infection and joint dysfunction in Lyme disease-induced arthritis affecting the bilateral ankles. Bilateral ankle arthrodesis performed to address the infection, synovial hypertrophy, cartilage erosion, and extensive bone involvement. Intraoperative examination revealed purulent joint fluid, synovial necrosis, and severe bone destruction. The patient received intravenous antibiotics, underwent thorough joint debridement, and was referred for postoperative infectious disease management and ankle rehabilitation.

5. Operative Note: Surgical intervention for severe infection and joint instability in Lyme disease-associated arthritis affecting the temporomandibular joint (TMJ). TMJ arthroplasty performed to address the infection, synovial hypertrophy, cartilage degradation, and extensive bone erosion. Intraoperative examination revealed purulent joint fluid, synovial necrosis, and severe bone involvement. The patient received intravenous antibiotics, thorough joint debridement, and was scheduled for postoperative infectious disease consultation and TMJ rehabilitation.

6. Operative Note: Surgical intervention for severe infection and joint deformity in Lyme disease-induced arthritis affecting the left elbow joint. Elbow arthrodesis performed to address the infection, synovial hypertrophy, cartilage degradation, and extensive bone involvement. Intraoperative examination revealed purulent joint fluid, synovial necrosis, and severe bone destruction. The patient received intravenous antibiotics, thorough debridement, and was referred for postoperative infectious disease management and occupational therapy.

7. Operative Note: Surgical intervention for severe infection and joint dysfunction in Lyme disease-associated arthritis affecting the metacarpophalangeal (MCP) joint of the right hand. MCP joint fusion performed to address the infection, synovial hypertrophy, cartilage degradation, and extensive bone involvement. Intraoperative examination revealed purulent joint fluid, synovial necrosis, and severe bone erosion. The patient received intravenous antibiotics, underwent thorough joint debridement, and was scheduled for postoperative infectious disease consultation and hand therapy.

8. Operative Note: Surgical intervention for severe infection and joint instability in Lyme disease-induced arthritis affecting the cervical spine. Posterior cervical fusion performed to address the infection, synovial hypertrophy, and vertebral bone involvement. Intraoperative examination revealed purulent joint fluid, synovial hyperemia, and severe bone destruction. The patient received intravenous antibiotics, underwent thorough debridement, and was referred for postoperative infectious disease management and spine rehabilitation.

9. Operative Note: Surgical intervention for severe infection and joint deformity in Lyme disease-associated arthritis affecting the distal interphalangeal (DIP) joint of the left hand. DIP joint arthrodesis performed to address the infection, synovial hypertrophy, cartilage degradation, and extensive bone involvement. Intraoperative examination revealed purulent joint fluid, synovial necrosis, and severe bone destruction. The patient received intravenous antibiotics, underwent thorough joint debridement, and was scheduled for postoperative infectious disease consultation and hand therapy.

10. Operative Note: Surgical intervention for severe infection and joint dysfunction in Lyme disease-induced arthritis affecting the ankle joint of the right foot. Ankle arthroplasty performed to address the infection, synovial hypertrophy, cartilage degradation, and extensive bone involvement. Intraoperative examination revealed purulent joint fluid, synovial necrosis, and severe bone destruction. The patient received intravenous antibiotics, underwent thorough joint debridement, and was referred for postoperative infectious disease management and foot and ankle rehabilitation.

1. Operative Note: Surgical intervention for severe bone pain and persistent inflammation in Lyme disease-associated arthritis affecting the right hip joint. Arthroscopic synovectomy and debridement performed to address the inflammation, synovial hypertrophy, cartilage erosion, and bone involvement. Intraoperative examination revealed marked synovial inflammation, joint effusion, and bone erosion. The patient received postoperative antibiotics, analgesics, and was referred for comprehensive rheumatologic evaluation.

2. Operative Note: Surgical intervention for debilitating bone pain and chronic inflammation caused by Lyme disease-induced arthritis in the lumbar spine. Posterior spinal fusion performed at L4-L5 and L5-S1 levels to address the inflammation, spinal instability, and vertebral bone erosion. Intraoperative examination revealed extensive synovial inflammation, disc degeneration, and bone defects. The patient received postoperative antibiotics, analgesics, instructed on spine immobilization, and referred for postoperative physical therapy and pain management.

3. Operative Note: Surgical intervention for severe inflammation and joint dysfunction in Lyme disease-associated arthritis affecting the left shoulder joint. Open shoulder arthroplasty performed to address the inflammation, synovial hypertrophy, cartilage degradation, and bone involvement. Intraoperative examination revealed significant synovial inflammation, joint effusion, and bone erosion. The patient received postoperative antibiotics, analgesics, and was scheduled for physical therapy and anti-inflammatory medication.

4. Operative Note: Surgical intervention for severe bone pain and chronic inflammation in Lyme disease-induced arthritis affecting the bilateral knees. Bilateral total knee arthroplasty performed to address the inflammation, synovial hypertrophy, cartilage erosion, and bone involvement. Intraoperative examination revealed marked synovial inflammation, joint effusion, and bone erosion. The patient received postoperative antibiotics, analgesics, and was referred for extensive rehabilitation and physiotherapy.

5. Operative Note: Surgical intervention for persistent inflammation and joint instability in Lyme disease-associated arthritis affecting the bilateral ankles. Bilateral ankle fusion performed to address the inflammation, synovial hypertrophy, cartilage degradation, and bone involvement. Intraoperative examination revealed significant synovial inflammation, joint effusion, and bone erosion. The patient received postoperative antibiotics, analgesics, and was referred for long-term rheumatologic management and ankle rehabilitation.

6. Operative Note: Surgical intervention for severe inflammation and joint deformity in Lyme disease-induced arthritis affecting the distal interphalangeal (DIP) joints of both hands. DIP joint arthrodesis performed to address the inflammation, synovial hypertrophy, cartilage degradation, and bone involvement. Intraoperative examination revealed notable synovial inflammation, joint effusion, and bone erosion. The patient received postoperative antibiotics, analgesics, and was referred for hand therapy and adaptive hand function training.

7. Operative Note: Surgical intervention for persistent inflammation and joint dysfunction in Lyme disease-associated arthritis affecting the metacarpophalangeal (MCP) joint of the right hand. MCP joint arthroplasty performed to address the inflammation, synovial hypertrophy, cartilage degradation, and bone involvement. Intraoperative examination revealed significant synovial inflammation, joint effusion, and bone erosion. The patient received postoperative antibiotics, analgesics, and was referred for hand therapy and anti-inflammatory medication.

8. Operative Note: Surgical intervention for severe bone pain and chronic inflammation in Lyme disease-induced arthritis affecting the cervical spine. Anterior cervical discectomy and fusion (ACDF) performed to address the inflammation, synovial hypertrophy, and vertebral bone involvement. Intraoperative examination revealed marked synovial inflammation, disc degeneration, and bone erosion. The patient received postoperative antibiotics, analgesics, instructed on neck immobilization, and referred for postoperative physical therapy and anti-inflammatory medication.

9. Operative Note: Surgical intervention for persistent inflammation and joint deformity in Lyme disease-associated arthritis affecting the bilateral temporomandibular joints (TMJs). Bilateral TMJ arthroplasty performed to address the inflammation, synovial hypertrophy, cartilage degradation, and bone involvement. Intraoperative examination revealed notable synovial inflammation, joint effusion, and bone erosion. The patient received postoperative antibiotics, analgesics, and was referred for TMJ physiotherapy and anti-inflammatory medication.

10. Operative Note: Surgical intervention for severe inflammation and joint dysfunction in Lyme disease-induced arthritis affecting the left elbow joint. Elbow arthroscopy performed to address the inflammation, synovial hypertrophy, cartilage degradation, and bone involvement. Intraoperative examination revealed significant synovial inflammation, joint effusion, and bone erosion. The patient received postoperative antibiotics, analgesics, and was referred for occupational therapy and anti-inflammatory medication.

1. Operative Note: Surgical intervention for severe bone pain in Lyme disease-associated arthritis affecting the right knee joint. Arthroscopic synovectomy and debridement performed to address synovial hypertrophy, cartilage erosion, and bone involvement. Intraoperative examination revealed extensive joint damage. Postoperatively, the patient was prescribed antibiotics and instructed to follow up in two weeks for evaluation of pain and mobility improvement.

2. Operative Note: Surgical intervention for advanced Lyme disease-related arthritis affecting the cervical spine with severe bone erosion and spinal cord compression. Anterior cervical discectomy and fusion (ACDF) performed at C4-C5 level. Intraoperative examination revealed significant joint instability and nerve compression. Postoperatively, the patient was prescribed antibiotics and referred for immediate neurological evaluation and monitoring.

3. Operative Note: Surgical intervention for severe infection and joint destruction in Lyme disease-induced arthritis affecting the left hip joint. Open hip arthroplasty performed to address the infection, synovial hypertrophy, cartilage erosion, and bone involvement. Intraoperative examination revealed extensive joint damage and purulent joint fluid. Postoperatively, the patient was prescribed antibiotics and referred for infectious disease consultation and long-term joint monitoring.

4. Operative Note: Surgical intervention for severe bone pain and functional impairment in Lyme disease-associated arthritis affecting the bilateral wrists. Bilateral wrist arthroplasty performed to address pain, synovial hypertrophy, cartilage degradation, and bone involvement. Intraoperative examination revealed severe joint deformity and limited range of motion. Postoperatively, the patient was prescribed antibiotics and referred for hand therapy, with follow-up visits at regular intervals to monitor joint function.

5. Operative Note: Surgical intervention for debilitating bone pain caused by advanced Lyme disease-related arthritis affecting the lumbar spine. Posterior spinal fusion performed to address pain, synovial inflammation, spinal instability, and vertebral bone erosion. Intraoperative examination revealed significant joint instability and bone defects. Postoperatively, the patient was prescribed antibiotics and referred for postoperative rehabilitation and periodic follow-up visits to assess spinal fusion progression.

6. Operative Note: Surgical intervention for severe infection and joint dysfunction in Lyme disease-induced arthritis affecting the metatarsophalangeal (MTP) joint of the right foot. MTP joint fusion performed to address the infection, synovial hypertrophy, cartilage degradation, and bone involvement. Intraoperative examination revealed severe joint destruction and purulent joint fluid. Postoperatively, the patient was prescribed antibiotics and referred for infectious disease consultation, wound care, and long-term foot monitoring.

7. Operative Note: Surgical intervention for severe bone pain and joint instability in Lyme disease-associated arthritis affecting the right shoulder joint. Open shoulder stabilization procedure performed to address pain, synovial hypertrophy, cartilage erosion, and recurrent dislocations. Intraoperative examination revealed significant joint laxity and bone erosion. Postoperatively, the patient was prescribed antibiotics and referred for shoulder rehabilitation, with periodic follow-up visits to assess stability and function.

8. Operative Note: Surgical intervention for severe infection and joint deformity in Lyme disease-induced arthritis affecting the distal interphalangeal (DIP) joint of the left hand. DIP joint arthrodesis performed to address the infection, synovial hypertrophy, cartilage degradation, and bone involvement. Intraoperative examination revealed severe joint destruction and purulent joint fluid. Postoperatively, the patient was prescribed antibiotics and referred for infectious disease consultation, hand therapy, and long-term joint monitoring.

9. Operative Note: Surgical intervention for severe bone pain and chronic inflammation in Lyme disease-associated arthritis affecting the bilateral ankles. Bilateral ankle arthroscopy performed to address pain, synovial hypertrophy, cartilage degradation, and bone involvement. Intraoperative examination revealed significant joint inflammation and bone erosion. Postoperatively, the patient was prescribed antibiotics and referred for ankle rehabilitation, with follow-up visits based on symptom progression and functional improvement.

10. Operative Note: Surgical intervention for severe infection and joint dysfunction in Lyme disease-induced arthritis affecting the temporomandibular joint (TMJ). TMJ arthroplasty performed to address the infection, synovial hypertrophy, cartilage degradation, and bone involvement. Intraoperative examination revealed severe joint damage and purulent joint fluid. Postoperatively, the patient was prescribed antibiotics and referred for infectious disease consultation, TMJ rehabilitation, and periodic follow-up visits to evaluate joint function and infection control.

## M01.3 Arthritis in other bacterial diseases classified elsewhere

Procedure: Arthroscopy performed; synovium excised using shaver and electrocautery; thorough joint irrigation; wound closure. Patient tolerated the procedure well, and postoperative pain was managed with analgesics. Follow-up appointment scheduled in two weeks.

Procedure: Standard total knee replacement procedure performed; removal of infected joint surfaces; implantation of prosthesis; wound closure. Patient transferred to recovery, and appropriate prophylactic antibiotics administered. Postoperative physiotherapy initiated.

Aseptic technique followed; joint aspirated; synovial fluid sent for analysis; joint injected with antibiotics. Patient experienced immediate relief; post-procedure care instructions provided. Follow-up appointment scheduled for fluid analysis results.

Procedure: Arthrotomy performed; thorough joint irrigation with saline; meticulous debridement of infected tissues; wound closure. Patient's joint stability improved post-procedure; intravenous antibiotics continued; scheduled for follow-up examination in two weeks.

Procedure: Mini-arthrotomy approach used; synovial tissue samples obtained; sent for histopathological and microbiological analysis. Patient discharged with appropriate antibiotics; follow-up scheduled to discuss biopsy results and adjust treatment plan.

Procedure: Arthrotomy performed; meticulous irrigation and debridement; insertion of closed suction drainage system; wound closure. Patient monitored for signs of infection resolution; antibiotic therapy continued as per infectious disease specialist's recommendation.

Procedure: Arthrodesis performed with screws and plates; joint immobilized in desired position; wound closure. Patient placed in a cast for immobilization; regular follow-up appointments planned for monitoring fusion progress.

Procedure: Arthrotomy performed; meticulous exploration and gentle manipulation of joint;thorough irrigation; wound closure. Patient's symptoms improved postoperatively; prescribed a course of oral antibiotics; scheduled for follow-up examination in one month.

Procedure: Arthroscopy performed; joint lavaged with antibiotic solution; synovium debrided using shaver and arthroscopic instruments; wound closure. Patient experienced relief of symptoms; postoperative rehabilitation plan provided.

Procedure: Aseptic joint aspiration performed; synovial fluid analyzed; joint injected with corticosteroid for symptom relief; wound closure. Patient advised to monitor for possible infection recurrence; follow-up scheduled in four weeks to assess treatment response.

Procedure: Arthroscopy performed; multiple synovial tissue samples obtained using biopsy forceps; samples sent for histopathological and microbiological analysis. Patient discharged with appropriate antibiotics; scheduled for follow-up to discuss biopsy results and adjust treatment plan accordingly.

Procedure: Arthrotomy performed; thorough irrigation with antibiotic solution; meticulous debridement of infected and necrotic tissues; wound closure. Patient commenced on intravenous antibiotics; instructed to monitor for signs of improvement and report any worsening symptoms.

Procedure: Joint exposed through arthrotomy; joint surfaces prepared and fused using bone graft and fixation hardware; wound closure. Patient placed in a cast for immobilization; postoperative antibiotic therapy initiated as per infectious disease specialist's recommendations.

Procedure: Arthroscopy performed; thorough irrigation and removal of debris using arthroscopic instruments; joint lavaged with antibiotic solution; wound closure. Patient's joint mobility improved postoperatively; prescribed a course of oral antibiotics and scheduled for follow-up examination.

Procedure: Arthrotomy performed; removal of damaged joint surfaces; resection arthroplasty with subsequent wound closure. Patient provided with postoperative pain management and instructed on joint rehabilitation exercises; follow-up scheduled for assessment of functional outcomes.

Procedure: Mini-arthrotomy approach used; synovium excised with electrocautery; meticulous hemostasis achieved; wound closed in layers. Patient discharged with oral antibiotics; advised on joint rest and gradual resumption of activities as tolerated.

Procedure: Arthroscopy performed; thorough irrigation of joint using antibiotic solution; removal of inflamed synovial tissue; wound closure. Patient's symptoms improved post-procedure; prescribed a course of oral antibiotics and scheduled for follow-up evaluation.

Procedure: Joint accessed through arthrotomy; intraoperative manipulation and mobilization of the joint; wound closure. Patient provided with postoperative physical therapy plan; instructed on home exercises to maintain joint mobility.

Procedure: Arthroscopy performed; debridement of damaged cartilage using arthroscopic instruments; synovium lavaged with antibiotic solution; wound closure. Patient advised on weight-bearing restrictions and prescribed a course of oral antibiotics; follow-up scheduled to monitor cartilage healing.

Procedure: Arthrotomy performed; reconstruction of damaged joint using autograft or allograft; thorough irrigation and debridement of infected tissues; wound closure. Patient transferred to postoperative care; intravenous antibiotics continued; scheduled for follow-up examination to assess joint stability and infection control.

Procedure: Arthroscopy performed; synovium excised using shaver and electrocautery; thorough joint irrigation; wound closure. General anesthesia with endotracheal intubation. Patient tolerated the procedure well, and postoperative pain was managed with analgesics. Follow-up appointment scheduled in two weeks.

Procedure: Standard total knee replacement procedure performed; removal of infected joint surfaces; implantation of prosthesis; wound closure. Combined spinal-epidural anesthesia. Patient transferred to recovery, and appropriate prophylactic antibiotics administered. Postoperative physiotherapy initiated.

Procedure: Aseptic technique followed; joint aspirated; synovial fluid sent for analysis; joint injected with antibiotics. Local anesthesia with monitored anesthesia care. Patient experienced immediate relief; post-procedure care instructions provided. Follow-up appointment scheduled for fluid analysis results.

Procedure: Arthrotomy performed; thorough joint irrigation with saline; meticulous debridement of infected tissues; wound closure. General anesthesia with laryngeal mask airway. Patient's joint stability improved post-procedure; intravenous antibiotics continued; scheduled for follow-up examination in two weeks.

Procedure: Mini-arthrotomy approach used; synovial tissue samples obtained; sent for histopathological and microbiological analysis. Regional anesthesia (femoral nerve block). Patient discharged with appropriate antibiotics; follow-up scheduled to discuss biopsy results and adjust treatment plan.

Procedure: Arthrotomy performed; meticulous irrigation and debridement; insertion of closed suction drainage system; wound closure. General anesthesia with controlled ventilation. Patient monitored for signs of infection resolution; antibiotic therapy continued as per infectious disease specialist's recommendation.

Procedure: Arthrodesis performed with screws and plates; joint immobilized in desired position; wound closure. General anesthesia with endotracheal intubation. Patient placed in a cast for immobilization; regular follow-up appointments planned for monitoring fusion progress.

Procedure: Arthrotomy performed; meticulous exploration and gentle manipulation of joint; thorough irrigation; wound closure. Regional anesthesia (brachial plexus block). Patient's symptoms improved postoperatively; prescribed a course of oral antibiotics; scheduled for follow-up examination in one month.

Procedure: Arthroscopy performed; joint lavaged with antibiotic solution; synovium debrided using shaver and arthroscopic instruments; wound closure. General anesthesia with intravenous patient-controlled analgesia (PCA). Patient's joint mobility improved postoperatively; prescribed a course of oral antibiotics and scheduled for follow-up examination.

Procedure: Aseptic joint aspiration performed; synovial fluid analyzed; joint injected with corticosteroid for symptom relief; wound closure. Local anesthesia with conscious sedation. Patient advised to monitor for possible infection recurrence; follow-up scheduled in four weeks to assess treatment response.

Procedure: Arthrotomy performed; meticulous debridement of infected tissues and eroded bone surfaces; bone grafting performed using autograft or allograft; wound closure. General anesthesia with endotracheal intubation. Postoperative immobilization and antibiotic therapy initiated; scheduled for regular follow-up examinations to assess bone healing.

Procedure: Arthrodesis performed; bone surfaces prepared and fused using bone graft and internal fixation hardware; wound closure. Combined spinal-epidural anesthesia. Patient transferred to postoperative care; prescribed postoperative pain management and instructed on joint rehabilitation exercises.

Procedure: Arthrotomy performed; joint surfaces prepared; bone grafting performed using autograft or allograft; ligament repair or reconstruction performed as needed; wound closure. General anesthesia with laryngeal mask airway. Patient placed in a cast or brace for immobilization; postoperative rehabilitation plan provided.

Procedure: Arthroscopy performed; debridement of inflamed synovium and removal of bone spurs using arthroscopic instruments; thorough joint irrigation; wound closure. Patient's joint mobility improved postoperatively; prescribed a course of oral antibiotics and scheduled for follow-up examination.

Procedure: Arthrotomy performed; joint surfaces prepared; structural allograft used for joint reconstruction; wound closure. Regional anesthesia (spinal anesthesia). Patient monitored for graft integration and joint stability; postoperative rehabilitation and physical therapy initiated.

Procedure: Arthrotomy performed; joint surfaces prepared; bone defect reconstruction using autograft, allograft, or synthetic bone substitutes; implantation of joint prosthesis; wound closure. Anesthesia: General anesthesia with intravenous patient-controlled analgesia (PCA). Postoperative immobilization, pain management, and antibiotic therapy initiated; scheduled for regular follow-up examinations for prosthesis assessment.

Procedure: Arthrodesis performed; joint surfaces prepared; structural allograft and bone graft substitutes used for fusion; internal fixation hardware applied; wound closure. General anesthesia with endotracheal intubation. Patient placed in a cast or brace for immobilization; postoperative pain management and instructions for weight-bearing provided.

Procedure: Arthrotomy performed; bone grafting performed using autograft or allograft; corrective osteotomy performed to address joint malalignment; wound closure. Regional anesthesia (femoral and sciatic nerve blocks). Patient's joint alignment improved postoperatively; prescribed postoperative pain management and instructed on rehabilitation exercises.

Procedure: Arthrodesis performed; bone surfaces prepared; bone grafting performed using autograft or allograft; external fixation device applied for stabilization; wound closure. General anesthesia with controlled ventilation. Patient's joint immobilized with external fixation; postoperative antibiotic therapy initiated; scheduled for regular follow-up examinations to monitor fusion progress and adjust treatment.

Procedure: Arthrotomy performed; joint surfaces prepared; bone grafting performed using autograft or allograft; internal fixation hardware applied for joint stability; wound closure. General anesthesia with endotracheal intubation. Patient's joint stability improved postoperatively; postoperative immobilization, pain management, and rehabilitation plan provided.

Procedure: Arthrotomy performed; identification and denervation of sensory nerves supplying the affected joint; wound closure. General anesthesia with endotracheal intubation. Patient experienced immediate relief from severe bone pain; postoperative pain management and rehabilitation plan provided.

Procedure: Arthrotomy performed; thorough joint irrigation with antibiotic solution; application of sclerosing agents to promote joint stabilization; wound closure. Combined spinal-epidural anesthesia. Patient experienced significant reduction in bone pain; postoperative immobilization and antibiotic therapy initiated.

Procedure: Arthrodesis performed; bone surfaces prepared; bone grafting performed using autograft or allograft; internal fixation hardware applied for joint stabilization; wound closure. General anesthesia with laryngeal mask airway. Patient's bone pain significantly alleviated postoperatively; postoperative pain management and physical therapy initiated.

Procedure: Arthrotomy performed; preservation of as much viable bone as possible during joint reconstruction; implantation of joint prosthesis; wound closure. General anesthesia with intravenous patient-controlled analgesia (PCA). Patient experienced relief from severe bone pain; prescribed postoperative pain management and instructed on joint rehabilitation exercises.

Procedure: Arthrotomy performed; joint resected to remove diseased bone surfaces; joint surfaces prepared for fusion; internal fixation hardware applied for joint stabilization; wound closure. Regional anesthesia (spinal anesthesia). Patient's bone pain improved postoperatively; postoperative immobilization and rehabilitation plan provided.

Procedure: Arthrotomy performed; bone grafting performed using autograft or allograft; nerve block performed to relieve nerve sensitization and reduce bone pain; wound closure. General anesthesia with peripheral nerve block. Patient experienced significant reduction in bone pain; prescribed postoperative pain management and scheduled for follow-up evaluation.

Procedure: Arthroscopy performed; meticulous debridement of bone erosions and removal of loose bone fragments using arthroscopic instruments; joint lavaged with antibiotic solution; wound closure. General anesthesia with controlled ventilation. Patient's bone pain improved postoperatively; postoperative antibiotic therapy and physical therapy initiated.

Procedure: Arthrotomy performed; bone grafting performed using autograft or allograft; radiofrequency ablation performed to ablate sensitized nerves and alleviate bone pain; wound closure. General anesthesia with endotracheal intubation. Patient experienced relief from severe bone pain; prescribed postoperative pain management and scheduled for follow-up evaluation.

Procedure: Arthrotomy performed; identification and denervation of sensory nerves supplying the affected joint; osteotomy performed to correct joint alignment; wound closure. Regional anesthesia (femoral and sciatic nerve blocks). Patient's bone pain significantly alleviated; postoperative immobilization, pain management, and physical therapy initiated.

Procedure: Arthrodesis performed; bone surfaces prepared; bone grafting performed using autograft or allograft; peripheral nerve block performed to alleviate nerve sensitization and reduce bone pain; wound closure. General anesthesia with peripheral nerve block. Patient's bone pain significantly improved postoperatively; prescribed postoperative pain management and scheduled for follow-up evaluation.

Procedure: Arthrotomy performed; infected joint surfaces debrided; antibiotic-impregnated cement spacer inserted for temporary joint stabilization; wound closure. General anesthesia with endotracheal intubation. Patient transferred to postoperative care; intravenous antibiotics continued; scheduled for regular follow-up examinations to assess infection control and plan subsequent joint reconstruction.

Procedure: Arthrotomy performed; extensive synovectomy performed to remove inflamed synovium; resection arthroplasty performed to address bone erosions; wound closure. General anesthesia with laryngeal mask airway. Patient's symptoms improved postoperatively; prescribed postoperative pain management and scheduled for follow-up evaluation.

Procedure: Arthrotomy performed; thorough joint irrigation with antibiotic solution; debridement of infected tissues; modular component exchange performed to address prosthetic component loosening; wound closure. General anesthesia with controlled ventilation. Patient's symptoms and signs of infection improved postoperatively; prescribed postoperative antibiotic therapy and scheduled for follow-up examination.

Procedure: Arthrotomy performed; joint resected to remove diseased bone surfaces; distraction arthroplasty performed to correct joint alignment and relieve bone pain; wound closure. Regional anesthesia (spinal anesthesia). Patient's bone pain significantly alleviated; postoperative immobilization, pain management, and rehabilitation plan provided.

Procedure: Arthrodesis performed; bone surfaces prepared; bone grafting performed using autograft or allograft; external fixation device applied for joint stabilization; wound closure. General anesthesia with endotracheal intubation. Patient's bone pain significantly improved; postoperative immobilization, pain management, and scheduled for regular follow-up examinations.

Procedure: Arthrotomy performed; bone grafting performed using autograft or allograft; joint resurfacing performed using prosthetic components; wound closure. General anesthesia with intravenous patient-controlled analgesia (PCA). Patient experienced relief from severe bone pain; prescribed postoperative pain management and instructed on joint rehabilitation exercises.

Procedure: Arthrotomy performed; meticulous debridement of infected tissues and removal of sequestrum; bone grafting performed using autograft or allograft; wound closure. General anesthesia with controlled ventilation. Patient's bone pain and signs of infection improved postoperatively; postoperative antibiotic therapy and scheduled for regular follow-up examinations.

Procedure: Arthrotomy performed; osteochondral allograft transplantation performed to address bone and cartilage defects; wound closure. General anesthesia with laryngeal mask airway. Patient's bone pain significantly alleviated; prescribed postoperative pain management and scheduled for follow-up evaluation.

Procedure: Arthrotomy performed; infected joint surfaces debrided; joint resected; antibiotic-impregnated cement spacer inserted for temporary joint stabilization; wound closure. General anesthesia with endotracheal intubation. Patient transferred to postoperative care; intravenous antibiotics continued; scheduled for regular follow-up examinations to assess infection control and plan subsequent joint reconstruction.

Procedure: Arthroscopy performed; microfracture and bone marrow stimulation techniques used to promote cartilage healing and relieve bone pain; joint lavaged with antibiotic solution; wound closure. General anesthesia with controlled ventilation. Patient's bone pain significantly improved postoperatively; prescribed postoperative pain management and scheduled for follow-up evaluation.

Procedure: Arthrotomy performed; osteotomy performed to correct joint alignment and relieve bone pain; internal fixation hardware applied; wound closure. Regional anesthesia (epidural anesthesia). Patient experienced significant improvement in bone pain and joint alignment postoperatively; postoperative pain management and physical therapy initiated.

Procedure: Arthrotomy performed; thorough debridement of infected tissues; local antibiotic delivery using antibiotic-impregnated beads or spacers; wound closure. General anesthesia with laryngeal mask airway. Patient's bone pain improved postoperatively; prescribed postoperative antibiotic therapy and scheduled for regular follow-up examinations.

Procedure: Arthrodesis performed; bone surfaces prepared; structural allograft and bone graft substitutes used for fusion; internal fixation hardware applied; wound closure. General anesthesia with controlled ventilation. Patient experienced relief from severe bone pain; postoperative immobilization, pain management, and rehabilitation plan provided.

Procedure: Arthrotomy performed; laser ablation used to remove inflamed synovium; thorough joint irrigation; wound closure. General anesthesia with endotracheal intubation. Patient experienced significant reduction in bone pain; prescribed postoperative pain management and scheduled for follow-up evaluation.

Procedure: Arthrotomy performed; joint resected to remove diseased bone surfaces; interpositional arthroplasty performed using graft or synthetic material; wound closure. Regional anesthesia (spinal anesthesia). Patient's bone pain significantly alleviated; postoperative immobilization, pain management, and rehabilitation plan provided.

Procedure: Arthrotomy performed; autologous chondrocyte implantation performed to promote cartilage regeneration and relieve bone pain; wound closure. General anesthesia with intravenous patient-controlled analgesia (PCA). Patient's bone pain significantly improved; prescribedpostoperative pain management and scheduled for follow-up evaluation.

Procedure: Arthrodesis performed; bone surfaces prepared; bone grafting performed using autograft or allograft; PRP therapy applied to enhance bone healing; internal fixation hardware applied; wound closure. General anesthesia with endotracheal intubation. Patient's bone pain significantly improved; postoperative immobilization, pain management, and rehabilitation plan provided.

Procedure: Arthrotomy performed; joint surfaces prepared; joint arthroplasty performed using computer-assisted navigation for precise implant placement; wound closure. General anesthesia with laryngeal mask airway. Patient's bone pain significantly alleviated; prescribed postoperative pain management and instructed on joint rehabilitation exercises.

Procedure: Arthrotomy performed; joint resected to remove diseased bone surfaces; distraction arthroplasty performed with external fixator for joint realignment and bone pain relief; wound closure. Regional anesthesia (epidural anesthesia). Patient experienced significant improvement in bone pain and joint alignment postoperatively; postoperative pain management and physical therapy initiated.

Procedure: Arthrotomy performed; identification and denervation of sensory nerves supplying the affected joint; neurectomy performed to remove damaged or sensitized nerve tissue; wound closure. General anesthesia with controlled ventilation. Patient experienced significant relief from severe bone pain; postoperative pain management and rehabilitation plan provided.

Procedure: Arthrotomy performed; thorough joint irrigation with antibiotic solution; meticulous debridement of infected tissues; antibiotic spacer inserted for temporary joint stabilization; wound closure. General anesthesia with endotracheal intubation. Patient transferred to postoperative care; intravenous antibiotics continued; scheduled for regular follow-up examinations to assess infection control and plan subsequent joint reconstruction.

Procedure: Arthrotomy performed; extensive debridement of infected tissues; joint surfaces prepared for fusion; soft tissue reconstruction performed to address joint instability; wound closure. Combined spinal-epidural anesthesia. Patient transferred to postoperative care; prescribed postoperative antibiotic therapy and scheduled for regular follow-up examinations.

Procedure: Arthrotomy performed; infected bone resected; joint surfaces prepared for fusion; internal fixation hardware applied for joint stabilization; wound closure. General anesthesia with controlled ventilation. Patient's joint stability improved postoperatively; prescribed postoperative antibiotic therapy and scheduled for regular follow-up examinations.

Procedure: Arthrotomy performed; thorough debridement of infected tissues and bone erosions; external fixator placed for joint stabilization and bone healing; wound closure. General anesthesia with laryngeal mask airway. Patient transferred to postoperative care; prescribed postoperative antibiotic therapy and scheduled for regular follow-up examinations.

Procedure: Arthrotomy performed; thorough joint irrigation with antibiotic solution; meticulous debridement of infected soft tissues; muscle flap reconstruction performed to provide healthy tissue coverage; wound closure. General anesthesia with endotracheal intubation. Patient transferred to postoperative care; prescribed postoperative antibiotic therapy and scheduled for regular follow-up examinations.

Procedure: Arthrotomy performed; joint resected to remove infected joint surfaces; antibiotic beads placed to provide localized antibiotic delivery; wound closure. General anesthesia with intravenous patient-controlled analgesia (PCA). Patient transferred to postoperative care; intravenous antibiotics continued; scheduled for regular follow-up examinations to assess infection control and plan subsequent joint reconstruction.

Procedure: Arthrotomy performed; joint surfaces prepared for fusion; bone grafting performed using autograft or allograft; vacuum-assisted closure (VAC) therapy applied to promote wound healing; wound closure. General anesthesia with controlled ventilation. Patient transferred to postoperative care; prescribed postoperative antibiotic therapy and scheduled for regular follow-up examinations.

Procedure: Arthroscopy performed; thorough debridement of infected tissues; joint irrigated with antibiotic solution; wound closure. General anesthesia with laryngeal mask airway. Patient transferred to postoperative care; prescribed postoperative antibiotic therapy and scheduled for regular follow-up examinations.

Procedure: Arthrotomy performed; extensive debridement of infected tissues and bone erosions; external fixation applied for joint stabilization and bone healing; wound closure. General anesthesia with endotracheal intubation. Patient transferred to postoperative care; prescribed postoperative antibiotic therapy and scheduled for regular follow-up examinations.

Procedure: Arthrotomy performed; joint surfaces prepared for fusion; bone grafting performed using autograft or allograft; negative pressure wound therapy (NPWT) applied to promote wound healing; wound closure. General anesthesia with controlled ventilation. Patient transferred to postoperative care; prescribed postoperative antibiotic therapy and scheduled for regular follow-up examinations.

Procedure: Arthrotomy performed; meticulous synovectomy performed to remove inflamed synovium; intra-articular injection of anti-inflammatory medication for symptom relief; wound closure. General anesthesia with endotracheal intubation. Patient experienced reduction in joint inflammation and improved range of motion postoperatively; prescribed postoperative pain management and scheduled for follow-up evaluation.

Procedure: Arthrotomy performed; thorough joint irrigation with antibiotic solution; intra-articular injection of corticosteroid for anti-inflammatory and analgesic effects; wound closure. General anesthesia with controlled ventilation. Patient's joint symptoms significantly improved postoperatively; prescribed postoperative pain management and scheduled for follow-up evaluation.

Procedure: Arthrotomy performed; debridement of inflamed synovium and removal of loose cartilage fragments; intra-articular injection of hyaluronic acid for joint lubrication and pain relief; wound closure. General anesthesia with laryngeal mask airway. Patient's joint symptoms and function improved postoperatively; prescribed postoperative pain management and scheduled for follow-up evaluation.

Procedure: Arthroscopy performed; synovial biopsy performed for pathological examination; intra-articular infusion of anti-inflammatory medication for direct anti-inflammatory effect; wound closure. General anesthesia with intravenous patient-controlled analgesia (PCA). Patient experienced reduction in joint inflammation and pain postoperatively; prescribed postoperative pain management and scheduled for follow-up evaluation.

Procedure: Arthrotomy performed; thorough joint irrigation with antibiotic solution; debridement of inflamed synovium; intra-articular injection of platelet-rich plasma (PRP) for potential tissue regeneration and anti-inflammatory effect; wound closure. General anesthesia with endotracheal intubation. Patient's joint symptoms improved postoperatively; prescribed postoperative pain management and scheduled for follow-up evaluation.

Procedure: Arthrotomy performed; identification and denervation of sensory nerves supplying the affected joint; radiofrequency ablation performed to ablate sensitized nerves and alleviate inflammation; wound closure. General anesthesia with controlled ventilation. Patient experienced reduction in joint inflammation and pain postoperatively; prescribed postoperative pain management and scheduled for follow-up evaluation.

Procedure: Arthrotomy performed; joint surfaces prepared; implantation of anti-inflammatory drug eluting implant to provide sustained release of medication in the joint; wound closure. General anesthesia with controlled ventilation. Patient's joint inflammation and symptoms significantly improved postoperatively; prescribed postoperative pain management and scheduled for follow-up evaluation.

Procedure: Arthrodesis performed; joint surfaces prepared for fusion; cryotherapy applied to the joint to reduce inflammation and provide pain relief; internal fixation hardware applied; wound closure. General anesthesia with endotracheal intubation. Patient's joint inflammation and instability improved postoperatively; postoperative immobilization, pain management, and rehabilitation plan provided.

Procedure: Arthrotomy performed; joint surfaces prepared; implantation of anti-inflammatory medication-coated implant to provide localized drug release in the joint; wound closure

Anesthesia: General anesthesia with laryngeal mask airway. Patient's joint inflammation and symptoms significantly improved postoperatively; prescribed postoperative pain management and scheduled for follow-up evaluation.

Procedure: Arthrotomy performed; resection of excess synovial tissue; synovial plication performed to reduce synovial redundancy and alleviate joint inflammation; wound closure

Anesthesia: Regional anesthesia (spinal anesthesia). Patient experienced reduction in joint inflammation and improved range of motion postoperatively; prescribed postoperative pain management and scheduled for follow-up evaluation.

Procedure: Arthroscopy performed; meticulous debridement of inflamed synovium and removal of loose cartilage fragments; synovial biopsy performed for pathological examination; wound closure. General anesthesia with endotracheal intubation. Patient to receive postoperative pain management and scheduled for follow-up evaluation to determine the need for further intervention or conservative management based on the synovial biopsy results.

Procedure: Arthrotomy performed; thorough joint irrigation with antibiotic solution; removal of infected joint implant; wound closure. General anesthesia with controlled ventilation. Follow-up plan: Patient to receive postoperative antibiotic therapy and scheduled for regular follow-up examinations to assess infection control and determine the need for subsequent joint reconstruction or alternative treatment options.

Procedure: Arthrodesis performed; bone surfaces prepared; bone grafting performed using autograft or allograft; external fixation applied for joint stabilization; wound closure. General anesthesia with endotracheal intubation. Follow-up plan: Patient to undergo postoperative immobilization, pain management, and scheduled for regular follow-up examinations to assess fusion progress and joint stability. Further interventions may be considered based on the follow-up evaluation.

Procedure: Arthrotomy performed; thorough debridement of infected tissues; joint surfaces prepared for arthroplasty; antibiotic spacer inserted for temporary joint stabilization; wound closure. General anesthesia with endotracheal intubation. Follow-up plan: Patient to receive postoperative antibiotic therapy and scheduled for regular follow-up examinations to assess infection control. Subsequent joint reconstruction may be considered based on the patient's condition.

Procedure: Arthrotomy performed; joint resected to remove diseased bone surfaces; soft tissue reconstruction performed to restore joint stability and function; wound closure. Anesthesia: Regional anesthesia (spinal anesthesia). Follow-up plan: Patient to undergo postoperative immobilization, pain management, and scheduled for regular follow-up examinations to assess soft tissue healing and joint function. Further interventions may be considered based on the follow-up evaluation.

Procedure: Arthrotomy performed; joint surfaces prepared; cartilage restoration techniques employed, such as autologous chondrocyte implantation or osteochondral grafting; wound closure. Anesthesia: General anesthesia with intravenous patient-controlled analgesia (PCA). Follow-up plan: Patient to receive postoperative pain management and scheduled for follow-up evaluation to assess cartilage healing and joint function. Further interventions or conservative management will be determined based on the patient's response to the procedure.

Procedure: Arthrotomy performed; meticulous debridement of inflamed synovium and removal of loose cartilage fragments; arthroscopic procedures performed to improve joint mobility and functionality; adjuvant therapy administered intra-articularly, such as hyaluronic acid or platelet-rich plasma (PRP); wound closure. Anesthesia: General anesthesia with controlled ventilation. Follow-up plan: Patient to receive postoperative pain management and scheduled for follow-up evaluation to assess joint mobility and response to adjuvant therapy. Further interventions or conservative management will be determined based on the patient's progress.

Procedure: Arthrotomy performed; thorough joint irrigation with antibiotic solution; meticulous debridement of infected tissues; local antibiotic delivery using antibiotic-impregnated beads or spacers; wound closure. General anesthesia with laryngeal mask airway. Follow-up plan: Patient to receive postoperative antibiotic therapy and scheduled for regular follow-up examinations to assess infection control and determine the need for subsequent intervention or conservative management.

Procedure: Arthrotomy performed; ligament repair or reconstruction performed to restore joint stability and function; joint surfaces prepared; wound closure. Anesthesia: General anesthesia with endotracheal intubation. Follow-up plan: Patient to undergo postoperative immobilization, pain management, and scheduled for regular follow-up examinations to assess ligament healing and joint stability. Further interventions or conservative management will be determined based on the patient's response to the procedure.

Procedure: Arthrotomy performed; extensive debridement of infected tissues and damaged structures; biologic adjuncts, such as tissue grafts or growth factors, utilized for tissue regeneration; wound closure. General anesthesia with controlled ventilation. Follow-up plan: Patient to receive postoperative antibiotic therapy and scheduled for regular follow-up examinations to assess tissue regeneration and joint stability. Further interventions or conservative management will be determined based on the patient's response to the procedure.

## M01.4 Rubella arthritis

1. Patient presented with Rubella arthritis characterized by joint swelling, pain, and stiffness. X-rays revealed synovial inflammation. Prescribed nonsteroidal anti-inflammatory drugs (NSAIDs) for pain relief and advised rest and physical therapy.

2. Operative note: Arthroscopic examination of the affected joint showed synovial hypertrophy and villous proliferation. Synovectomy was performed to remove the inflamed tissue. Postoperative care includes NSAIDs and immobilization.

3. Patient underwent joint aspiration for Rubella arthritis. Synovial fluid analysis revealed inflammatory markers. Administered intra-articular corticosteroid injection for pain and inflammation relief.

4. Operative note: Open synovectomy was performed due to severe Rubella arthritis. Extensive synovial hypertrophy and pannus formation were observed. Debridement and synovial resection were carried out.

5. Patient with Rubella arthritis underwent joint lavage and irrigation. The procedure involved flushing the joint with a sterile saline solution to remove inflammatory debris. Prescribed NSAIDs and instructed on joint protection measures.

6. Operative note: Arthroscopic debridement performed for Rubella arthritis. Inflamed synovium and loose bodies were identified and removed. Joint lavage was performed to enhance postoperative recovery.

7. Patient presented with persistent Rubella arthritis. Surgical intervention included joint fusion to stabilize and alleviate pain. Achieved fusion using internal fixation hardware. Postoperative care involves immobilization and gradual mobilization.

8. Operative note: Synovial biopsy performed to confirm the diagnosis of Rubella arthritis. Histopathological analysis revealed chronic inflammatory changes and synovial hyperplasia.

9. Patient underwent ultrasound-guided intra-articular injection of hyaluronic acid for Rubella arthritis. This procedure aims to improve joint lubrication and reduce pain. Patient advised on activity modification and follow-up appointments.

10. Operative note: Joint arthroplasty performed due to advanced Rubella arthritis. Prosthetic joint components were implanted to restore joint function and alleviate pain. Postoperative care includes physical therapy and monitoring for complications.

1. Operative note: Arthroscopic synovial biopsy performed to confirm Rubella arthritis diagnosis. Histopathological examination revealed synovial membrane inflammation and lymphocytic infiltration. Treatment plan includes disease-modifying antirheumatic drugs (DMARDs) and patient education on symptom management.

2. Patient underwent joint immobilization for Rubella arthritis using a custom splint. The splint was applied to restrict joint movement and reduce pain. Patient instructed on proper splint usage and advised regular follow-up visits.

3. Operative note: Joint arthroscopy performed to assess the extent of Rubella arthritis. Intra-articular findings included erosions, pannus formation, and synovial hypertrophy. Synovectomy and joint debridement carried out to improve joint function.

4. Patient received intra-articular injection of corticosteroids for Rubella arthritis. The injection was administered directly into the affected joint to reduce inflammation and relieve pain. Patient advised on potential side effects and encouraged to monitor symptoms.

5. Operative note: Joint irrigation and debridement performed for Rubella arthritis. The procedure involved cleansing the joint space to remove debris and infected material. Debridement was done to remove damaged tissue and promote healing.

6. Patient underwent physical therapy for Rubella arthritis. The therapy focused on joint mobilization exercises, stretching, and strengthening to improve range of motion and reduce pain. Patient instructed on home exercises and encouraged to continue therapy sessions.

7. Operative note: Joint arthroplasty performed to treat severe Rubella arthritis. Total joint replacement was carried out using prosthetic components to restore joint function and relieve pain. Postoperative rehabilitation plan initiated.

8. Patient received a series of intra-articular hyaluronic acid injections for Rubella arthritis. The injections aim to provide lubrication and cushioning within the joint, reducing pain and improving joint function. Patient advised on potential benefits and limitations of the treatment.

9. Operative note: Synovial fluid analysis performed for Rubella arthritis. The analysis revealed elevated white blood cell count and increased levels of inflammatory markers, confirming the presence of active joint inflammation. Treatment plan adjusted accordingly.

10. Patient underwent radiofrequency ablation for Rubella arthritis. The procedure involved using radiofrequency energy to target and disrupt the nerve pathways responsible for transmitting pain signals from the affected joint. Patient monitored for pain relief and potential complications.

1. Operative note: Patient with Rubella arthritis underwent arthroscopic synovectomy under local anesthesia. A reduced dosage of local anesthetic was administered to ensure patient comfort during the procedure. Synovial tissue excised, and postoperative pain managed with analgesics.

2. Patient underwent joint immobilization for Rubella arthritis under regional anesthesia. A lower dose of regional anesthesia was administered to achieve adequate pain control during the immobilization process. Patient educated on proper joint care and pain management techniques.

3. Operative note: Arthroscopic debridement performed for Rubella arthritis under general anesthesia. A lighter dosage of general anesthesia was used to minimize the risk of postoperative complications. Debridement completed successfully, and patient monitored closely during recovery.

4. Patient received intra-articular corticosteroid injection for Rubella arthritis under conscious sedation. A reduced dose of sedative medication was administered to maintain patient comfort while allowing them to remain awake and responsive during the procedure.

5. Operative note: Joint irrigation and debridement performed for Rubella arthritis under spinal anesthesia. A lower dose of spinal anesthesia was administered to achieve adequate pain relief and minimize the risk of postoperative complications. Joint cleaned and debrided effectively.

6. Patient underwent physical therapy for Rubella arthritis under minimal sedation. A lower dosage of sedative medication was given to ensure patient relaxation during the therapy session while maintaining their active participation and cooperation.

7. Operative note: Joint arthroplasty performed for severe Rubella arthritis under general anesthesia. An adjusted dosage of general anesthesia was administered considering the patient's individual factors. Successful joint replacement achieved, and postoperative pain managed with multimodal analgesia.

8. Patient received a series of intra-articular hyaluronic acid injections for Rubella arthritis under local anesthesia. A lower dose of local anesthesia was used to provide pain relief during the injection while minimizing potential adverse effects of anesthesia.

9. Operative note: Radiofrequency ablation performed for Rubella arthritis under conscious sedation. A reduced dosage of sedative medication was given to maintain patient comfort and cooperation throughout the procedure. Radiofrequency ablation completed successfully, and patient monitored postoperatively.

10. Patient underwent joint fusion for advanced Rubella arthritis under general anesthesia. An adjusted dosage of general anesthesia was administered based on the patient's age and medical condition. Joint fusion achieved, and postoperative pain managed with a tailored analgesic regimen.

1. Operative note: Patient presented with Rubella arthritis and significant bone erosion. Arthroscopic examination revealed erosions at joint surfaces, indicating advanced disease. Synovectomy and debridement performed, followed by bone grafting to restore structural integrity. Postoperative management includes immobilization and close monitoring.

2. Patient underwent joint aspiration for Rubella arthritis with bone erosion. Synovial fluid analysis confirmed active inflammation and bone resorption. Administered intra-articular corticosteroid injection to alleviate pain and inflammation while addressing bone erosion with appropriate treatment plan.

3. Operative note: Open synovectomy and bone debridement performed for Rubella arthritis with severe bone erosion. Erosions observed at joint margins and subchondral bone. Resected diseased synovium and debrided eroded bone. Further management involves addressing underlying causes and joint preservation strategies.

4. Patient received targeted medication therapy for Rubella arthritis and associated bone erosion. Prescribed disease-modifying antirheumatic drugs (DMARDs) to control inflammation, preserve joint function, and potentially slow down bone erosion. Regular monitoring scheduled to assess treatment response.

5. Operative note: Joint arthroscopy performed for Rubella arthritis with focal bone erosion. Erosion identified at the joint surface, leading to joint space narrowing. Debridement performed to remove inflamed synovium and address eroded bone. Postoperative care focuses on pain management and rehabilitation.

6. Patient with Rubella arthritis and bone erosion underwent joint fusion surgery. The procedure aimed to stabilize the joint and alleviate pain by eliminating the damaged joint surface. Bone grafts and fixation hardware used to promote fusion and restore joint integrity.

7. Operative note: Surgical intervention for Rubella arthritis and extensive bone erosion involved joint replacement surgery. Total joint arthroplasty performed with prosthetic components to replace the eroded joint surfaces. Postoperative care emphasizes rehabilitation and monitoring for complications.

8. Patient received targeted intra-articular treatment for Rubella arthritis and localized bone erosion. Administered bone-stimulating agents, such as platelet-rich plasma or bone morphogenetic proteins, to promote bone healing and regeneration. Follow-up evaluations planned to assess treatment effectiveness.

9. Operative note: Joint lavage and debridement performed for Rubella arthritis with concurrent bone erosion. Lavage aimed to remove inflammatory debris, while debridement addressed diseased synovium and eroded bone. Postoperative management includes pain control and monitoring joint stability.

10. Patient underwent bone-sparing surgical intervention for Rubella arthritis and bone erosion. Joint-preserving procedures, such as osteochondral grafting or microfracture, employed to restore damaged joint surfaces and stimulate healing. Rehabilitation and lifestyle modifications advised to optimize joint health.

1. Operative note: Patient with Rubella arthritis presented with severe bone pain. Arthroscopic examination revealed extensive joint erosion and subchondral bone involvement. Synovectomy performed, followed by bone grafting and joint stabilization to address both pain and structural abnormalities.

2. Patient underwent joint aspiration for Rubella arthritis with severe bone pain. Synovial fluid analysis confirmed inflammation and evidence of bone resorption. Administered intra-articular corticosteroid injection for pain relief and initiated targeted therapy for bone pain management.

3. Operative note: Open synovectomy and bone debridement performed for Rubella arthritis with debilitating bone pain. Extensive erosions observed, compromising joint integrity and causing severe pain. Resected diseased synovium and debrided eroded bone to alleviate pain and improve joint function.

4. Patient received multimodal pain management for Rubella arthritis with severe bone pain. Combined pharmacological approach, including analgesics, nonsteroidal anti-inflammatory drugs (NSAIDs), and adjuvant medications, employed to control pain and enhance quality of life. Regular pain assessments and treatment adjustments implemented.

5. Operative note: Joint arthroscopy performed for Rubella arthritis with focal bone pain. Bone erosions identified at joint surfaces, contributing to severe pain. Debridement performed to address inflamed synovium and alleviate bone-related pain. Postoperative pain management plan tailored to patient's needs.

6. Patient underwent radiofrequency ablation for Rubella arthritis with severe bone pain. The procedure aimed to interrupt pain signals transmitted by affected nerves. Radiofrequency energy applied to target the specific nerve pathways responsible for bone pain, providing long-lasting pain relief.

7. Operative note: Surgical intervention for Rubella arthritis and severe bone pain involved joint realignment. Osteotomy performed to correct bone misalignment, relieving stress and reducing pain. Postoperative pain management and rehabilitation initiated to optimize outcomes.

8. Patient received nerve blocks for Rubella arthritis with severe bone pain. Local anesthetic injected near specific nerves supplying the affected joint to temporarily block pain transmission. Nerve blocks provided targeted and immediate relief from severe bone pain.

9. Operative note: Joint fusion surgery performed for Rubella arthritis with severe bone pain. The procedure aimed to eliminate painful joint movement by fusing the adjacent bones. Joint stability restored, alleviating severe bone pain. Postoperative pain management and rehabilitation plan established.

10. Patient underwent bone-targeted pharmacotherapy for Rubella arthritis with severe bone pain. Medications such as bisphosphonates or calcitonin prescribed to reduce bone resorption, relieve pain, and potentially improve bone density. Close monitoring scheduled to assess treatment response and manage side effects.

1. Operative note: Surgical intervention for Rubella arthritis involved joint arthroplasty. Total joint replacement performed to address severe bone pain and joint dysfunction. Prosthetic components implanted to restore joint function and alleviate pain. Postoperative care includes pain management and physical therapy.

2. Patient underwent joint synovectomy and bone debridement as a surgical intervention for Rubella arthritis. The procedure aimed to remove inflamed synovial tissue and alleviate bone pain caused by erosions. Postoperative rehabilitation initiated to optimize joint function.

3. Operative note: Surgical intervention for Rubella arthritis included joint distraction. The procedure involved creating controlled separation between joint surfaces to relieve bone pain and promote cartilage regeneration. Postoperative pain management and joint-stabilizing measures implemented.

4. Patient received surgical intervention in the form of joint osteotomy for Rubella arthritis. The procedure aimed to correct bone deformities and alleviate bone pain by repositioning the affected bone segments. Postoperative care involved pain control and gradual rehabilitation.

5. Operative note: Surgical intervention for Rubella arthritis involved joint resurfacing. The procedure aimed to restore joint function and relieve bone pain by replacing damaged joint surfaces with prosthetic implants or biological resurfacing techniques. Postoperative rehabilitation plan initiated.

6. Patient underwent arthroscopic microfracture as a surgical intervention for Rubella arthritis. The procedure involved creating small fractures in the bone surface to stimulate cartilage regeneration and relieve bone pain. Postoperative pain management and rehabilitation protocols followed.

7. Operative note: Surgical intervention for Rubella arthritis included joint denervation. The procedure aimed to disrupt pain signals by selectively removing or destroying the nerves responsible for transmitting pain sensations. Postoperative pain management and monitoring implemented.

8. Patient received surgical intervention in the form of joint arthrodesis for Rubella arthritis. The procedure involved fusing the affected joint to eliminate painful movement and alleviate bone pain. Postoperative care included pain control and functional rehabilitation.

9. Operative note: Surgical intervention for Rubella arthritis involved joint relocation. The procedure aimed to correct joint dislocation or subluxation, relieving bone pain caused by abnormal positioning. Postoperative pain management and joint stabilization measures implemented.

10. Patient underwent bone grafting as a surgical intervention for Rubella arthritis. The procedure involved transplanting bone tissue to areas of bone loss or erosion to restore bone structure and alleviate associated pain. Postoperative pain control and bone healing support provided.

1. Operative note: Surgical intervention for Rubella arthritis included joint arthroscopy with subchondral drilling. The procedure aimed to promote healing and alleviate bone pain by creating small channels in the subchondral bone. Postoperative pain management and rehabilitation protocols initiated.

2. Patient underwent joint replacement surgery as a surgical intervention for Rubella arthritis. The procedure involved removing the damaged joint and replacing it with an artificial joint to restore function and alleviate severe bone pain. Postoperative care focused on pain control and physical therapy.

3. Operative note: Surgical intervention for Rubella arthritis included joint denervation with radiofrequency ablation. The procedure aimed to disrupt the pain signals by using radiofrequency energy to selectively target and disable the pain-transmitting nerves. Postoperative pain management and monitoring implemented.

4. Patient received surgical intervention in the form of joint debridement and bone grafting for Rubella arthritis. The procedure involved removing the diseased synovium and eroded bone, followed by grafting to promote healing and alleviate bone pain. Postoperative care included pain control and immobilization.

5. Operative note: Surgical intervention for Rubella arthritis involved joint realignment through corrective osteotomy. The procedure aimed to correct bone misalignment, relieve bone pain, and restore proper joint function. Postoperative pain management and rehabilitation protocols followed.

6. Patient underwent synovial membrane resection as a surgical intervention for Rubella arthritis. The procedure involved removing the inflamed synovium to alleviate pain and improve joint mobility. Postoperative care included pain control and physical therapy.

7. Operative note: Surgical intervention for Rubella arthritis included joint irrigation and lavage. The procedure aimed to remove inflammatory debris and reduce joint pain by thoroughly cleansing the joint space. Postoperative pain management and joint-stabilizing measures implemented.

8. Patient received surgical intervention in the form of joint distraction arthroplasty for Rubella arthritis. The procedure involved separating the joint surfaces to relieve bone pain and promote cartilage regeneration. Postoperative care included pain control and joint mobilization exercises.

9. Operative note: Surgical intervention for Rubella arthritis included bone remodeling surgery. The procedure aimed to reshape the affected bone structures, alleviate bone pain, and improve joint function. Postoperative pain management and rehabilitation protocols initiated.

10. Patient underwent joint decompression surgery as a surgical intervention for Rubella arthritis. The procedure involved relieving pressure on the bone and surrounding tissues to alleviate bone pain and improve joint health. Postoperative care included pain control and activity modification.

1. Operative note: Surgical intervention for Rubella arthritis with severe joint infection involved joint debridement and irrigation. The procedure aimed to remove infected tissues and cleanse the joint to control the infection. Postoperative care included antibiotics, wound care, and close monitoring.

2. Patient underwent surgical intervention with joint lavage and antibiotic spacer placement for Rubella arthritis with a severe infected joint. The procedure aimed to thoroughly clean the joint, remove infected tissues, and provide local antibiotic treatment. Postoperative care involved systemic antibiotics and scheduled follow-up for spacer removal.

3. Operative note: Surgical intervention for Rubella arthritis with severe infected joint included arthroscopic synovectomy and abscess drainage. The procedure aimed to remove infected synovium and drain the abscess to control the infection. Postoperative care included intravenous antibiotics and wound care.

4. Patient received surgical intervention in the form of joint fusion with debridement for Rubella arthritis with severe infected joint. The procedure aimed to eliminate the infected joint movement, remove infected tissues, and promote bone healing. Postoperative care included antibiotics, immobilization, and close monitoring.

5. Operative note: Surgical intervention for Rubella arthritis with severe infected joint involved joint resection arthroplasty. The procedure aimed to remove the infected joint surfaces and replace them with prosthetic components to restore function and control the infection. Postoperative care included antibiotics, pain management, and physical therapy.

6. Patient underwent surgical intervention with arthroscopic irrigation and debridement combined with antibiotic bead placement for Rubella arthritis with severe infected joint. The procedure aimed to clean the joint, remove infected tissues, and provide local antibiotic treatment. Postoperative care involved systemic antibiotics, bead removal, and wound care.

7. Operative note: Surgical intervention for Rubella arthritis with severe infected joint included joint arthrodesis with debridement. The procedure aimed to eliminate joint movement, remove infected tissues, and promote bone fusion to control the infection. Postoperative care included antibiotics, immobilization, and close monitoring.

8. Patient received surgical intervention in the form of joint resection and antibiotic cement spacer placement for Rubella arthritis with severe infected joint. The procedure aimed to remove the infected joint surfaces, provide local antibiotic treatment, and preserve joint function. Postoperative care included systemic antibiotics and scheduled follow-up for spacer exchange.

9. Operative note: Surgical intervention for Rubella arthritis with severe infected joint involved joint excision arthroplasty. The procedure aimed to remove the infected joint surfaces, preserve joint function, and control the infection. Postoperative care included antibiotics, wound care, and pain management.

10. Patient underwent surgical intervention with joint arthroscopy and multiple debridements for Rubella arthritis with severe infected joint. The procedure aimed to clean the joint, remove infected tissues, and control the infection. Postoperative care involved antibiotics, wound care, and physical therapy.

1. Operative note: Surgical intervention for Rubella arthritis with severe joint inflammation involved arthroscopic synovectomy. The procedure aimed to remove the inflamed synovial tissue to alleviate pain and reduce inflammation. Postoperative care included pain management and physical therapy.

2. Patient underwent joint irrigation and debridement for Rubella arthritis with severe joint inflammation. The procedure involved cleansing the joint and removing inflamed tissues to reduce inflammation and promote healing. Postoperative care included anti-inflammatory medication and joint mobilization exercises.

3. Operative note: Surgical intervention for Rubella arthritis with marked joint inflammation included joint capsule release. The procedure aimed to alleviate pain and improve joint mobility by releasing the tight and inflamed joint capsule. Postoperative care involved pain management and range-of-motion exercises.

4. Patient received targeted intra-articular therapy for Rubella arthritis with intense joint inflammation. Administered intra-articular corticosteroid injection to reduce inflammation and provide pain relief. Postoperative care included follow-up assessments and adjustment of the treatment plan as necessary.

5. Operative note: Surgical intervention for Rubella arthritis with severe inflammation involved joint lavage with anti-inflammatory solution. The procedure aimed to cleanse the joint and reduce inflammation by flushing it with a solution containing anti-inflammatory agents. Postoperative care included pain management and activity modification.

6. Patient underwent joint arthrodesis as a surgical intervention for Rubella arthritis with severe inflammation. The procedure aimed to eliminate joint movement and reduce inflammation by fusing the joint surfaces. Postoperative care involved pain control and immobilization.

7. Operative note: Surgical intervention for Rubella arthritis with persistent inflammation included synovial biopsy. The procedure aimed to obtain a tissue sample for histopathological examination to assess the extent and nature of the inflammation. Postoperative care involved pain management and close monitoring.

8. Patient received surgical intervention in the form of joint realignment for Rubella arthritis with ongoing inflammation. The procedure aimed to correct bone misalignment and reduce inflammation by restoring proper joint mechanics. Postoperative care included pain control and physical therapy.

9. Operative note: Surgical intervention for Rubella arthritis with chronic inflammation included joint resurfacing. The procedure aimed to replace the damaged joint surfaces with prosthetic components, reducing inflammation and restoring joint function. Postoperative care involved pain management and rehabilitation.

10. Patient underwent synovectomy and intra-articular medication infusion as a surgical intervention for Rubella arthritis with severe inflammation. The procedure involved removing inflamed synovium and infusing medications directly into the joint to reduce inflammation. Postoperative care included pain control and close monitoring.

1. Operative note: Surgical intervention for severe Rubella arthritis necessitated an extended follow-up period due to the severity of the diagnosis. The patient will be closely monitored for signs of complications, disease progression, and treatment response. Regular evaluations and assessments are scheduled to ensure appropriate adjustments to the management plan.

2. Patient with advanced Rubella arthritis received surgical intervention with a recommendation for frequent follow-up visits. The severity of the diagnosis warrants close monitoring of joint function, pain levels, and medication effectiveness. Follow-up appointments will involve comprehensive assessments and treatment modifications as necessary.

3. Operative note: Surgical intervention was performed for Rubella arthritis with significant joint damage, highlighting the importance of regular follow-up examinations. The patient will be monitored closely to assess postoperative recovery, pain levels, joint stability, and any signs of infection or recurrence. Follow-up appointments are scheduled at appropriate intervals to ensure optimal outcomes.

4. Patient underwent surgical intervention for severe Rubella arthritis, necessitating an intensified follow-up plan. Postoperative evaluations will be conducted at shorter intervals to assess pain management, joint function, and overall treatment efficacy. Any changes in symptoms or disease activity will be closely monitored and addressed promptly.

5. Operative note: Surgical intervention was performed for Rubella arthritis with extensive joint involvement, emphasizing the need for long-term follow-up care. The patient will undergo regular assessments to monitor disease activity, evaluate treatment response, and address any emerging complications. Follow-up appointments will be tailored to the severity of the diagnosis and individual patient needs.

6. Patient with advanced Rubella arthritis received surgical intervention, mandating comprehensive and frequent follow-up visits. The severity of the diagnosis necessitates close monitoring of joint function, disease progression, and treatment outcomes. Follow-up examinations will play a crucial role in adjusting the treatment plan and optimizing long-term management.

7. Operative note: Surgical intervention was performed for Rubella arthritis with severe joint inflammation, underscoring the importance of regular follow-up appointments. The patient will be closely monitored to assess postoperative healing, pain control, and the resolution of inflammation. Follow-up visits will be scheduled accordingly to ensure appropriate treatment adjustments.

8. Patient underwent surgical intervention for Rubella arthritis with extensive joint erosions, necessitating ongoing follow-up evaluations. The severity of the diagnosis calls for vigilant monitoring of joint stability, pain levels, and potential complications. Follow-up appointments will help assess the effectiveness of treatment interventions and guide further management.

9. Operative note: Surgical intervention was performed for Rubella arthritis with severe bone pain, highlighting the need for regular and systematic follow-up assessments. The patient will be closely monitored to evaluate pain control, joint function, and quality of life. Follow-up visits will be tailored to address the ongoing challenges posed by the severity of the diagnosis.

10. Patient with advanced Rubella arthritis received surgical intervention, requiring a tailored follow-up plan. Close monitoring of joint mobility, pain levels, and treatment response will be conducted in subsequent appointments. Follow-up examinations will help gauge the effectiveness of surgical intervention and guide future therapeutic decisions.

## M01.5 Arthritis in other viral diseases classified elsewhere

1. Patient presented with severe joint pain, swelling, and limited range of motion in multiple joints. Diagnostic workup revealed serological evidence of viral infection, confirming the presence of arthritis in the setting of a viral disease classified elsewhere. Treatment initiated with analgesics, anti-inflammatory medications, and physical therapy to alleviate symptoms and improve joint function. Close monitoring for disease progression and viral clearance advised.

2. Operative note: Arthroscopic examination of the affected joint performed to evaluate the extent of arthritis secondary to a viral disease classified elsewhere. Intraoperative findings revealed synovial hypertrophy, cartilage erosion, and joint effusion. Synovectomy and joint lavage performed to alleviate inflammation and reduce symptoms. Postoperative care includes pain management, physiotherapy, and regular follow-up to assess the progression of arthritis and the underlying viral disease.

3. Patient underwent joint aspiration due to worsening arthritis in the context of a viral disease classified elsewhere. Synovial fluid analysis showed increased leukocyte count, elevated inflammatory markers, and negative bacterial culture results. Intra-articular corticosteroid injection administered to relieve pain and inflammation. Patient advised to continue antiviral therapy, physical therapy, and regular monitoring for disease progression.

4. A 64-year-old patient with a known history of a viral disease classified elsewhere presented with persistent joint pain and deformity. Clinical examination and radiographic findings confirmed the presence of arthritis. Surgical intervention planned for joint replacement to improve joint function, reduce pain, and enhance quality of life. Preoperative assessment and optimization initiated. Surgical risks and benefits explained to the patient, and informed consent obtained.

5. Operative note: Total joint replacement performed in a 57-year-old patient with severe arthritis secondary to a viral disease classified elsewhere. Intraoperative findings revealed joint space narrowing, subchondral cysts, and osteophyte formation. Implantation of a prosthetic joint completed successfully, providing immediate pain relief and improved joint mobility. Postoperative care includes pain management, physical therapy, and close monitoring for infection and implant stability.

6. Patient underwent arthrocentesis for diagnostic and therapeutic purposes due to persistent arthritis associated with a viral disease classified elsewhere. Synovial fluid analysis showed inflammatory changes consistent with arthritis. Joint lavage performed to reduce inflammation and pain. Post-procedure, the patient advised to continue antiviral therapy, initiate disease-modifying medications, and attend regular follow-up visits to monitor disease progression and response to treatment.

7. A 42-year-old patient with a viral disease classified elsewhere presented with progressive joint stiffness and deformity. Arthroscopic synovectomy performed to alleviate symptoms and halt disease progression. Intraoperative assessment revealed inflamed synovium and adhesions. Thorough synovial debridement and removal of diseased tissue carried out. Postoperative management includes pain control, physical therapy, and long-term monitoring for recurrent synovitis or viral flare-up.

8. Patient with a history of a viral disease classified elsewhere underwent joint fusion surgery due to debilitating arthritis. Surgical intervention aimed to stabilize the joint, reduce pain, and prevent further disease progression. Intraoperative findings showed joint erosion and destruction. Arthrodesis performed successfully, providing pain relief and improved joint stability. Postoperative care includes immobilization, pain management, and rehabilitation therapy.

9. Operative note: Arthroscopic debridement and microfracture procedure performed in a 34-year-old patient with symptomatic arthritis associated with a viral disease classified elsewhere. Intraoperative evaluation revealed focal cartilage defects and subchondral bone lesions. Microfracture technique utilized to stimulate cartilage regeneration. Postoperative care includes protected weight-bearing, physiotherapy, and regular follow-up for clinical and radiographic assessment.

10. Patient presented with severe, treatment-resistant arthritis attributed to a viral disease classified elsewhere. Joint arthroplasty considered as a salvage procedure to improve quality of life and alleviate pain. Intraoperative findings demonstrated advanced joint destruction, osteophyte formation, and bone loss. Total joint replacement performed successfully, resulting in pain reduction and restoration of joint function. Postoperative management includes pain control, rehabilitation, and long-term surveillance for implant stability and viral disease progression.

1. Operative note: Arthroscopic synovectomy performed in a 50-year-old patient with persistent arthritis related to a viral disease classified elsewhere. Intraoperative evaluation revealed synovial hypertrophy and inflammation. Extensive synovial debridement and tissue excision carried out to alleviate symptoms and delay disease progression. Postoperative care includes pain management, physical therapy, and regular follow-up for monitoring of arthritis and viral disease activity.

2. Patient presented with recalcitrant arthritis in the setting of a viral disease classified elsewhere. Joint preservation surgery considered due to the patient's young age and desire to maintain joint function. Osteotomy performed to realign the affected joint, redistributing forces and reducing pain. Preoperative planning, meticulous surgical technique, and postoperative rehabilitation emphasized. Patient advised to continue antiviral therapy and close follow-up to monitor joint stability and disease activity.

3. A 68-year-old patient with a known history of a viral disease classified elsewhere presented with severe joint pain and functional impairment. Joint arthrodesis performed as a definitive procedure to eliminate pain and improve joint stability. Intraoperative assessment revealed extensive cartilage loss and joint deformity. Fusion achieved successfully using bone grafts and internal fixation. Postoperative care includes immobilization, pain control, and rehabilitation to optimize functional outcomes.

4. Patient underwent joint lavage and intra-articular corticosteroid injection for symptomatic arthritis associated with a viral disease classified elsewhere. Intraoperative findings showed joint effusion, synovitis, and mild cartilage damage. Thorough joint irrigation performed to remove inflammatory mediators, followed by corticosteroid injection for local anti-inflammatory effect. Patient advised to continue antiviral therapy, monitor symptoms, and undergo regular follow-up for disease activity assessment.

5. Operative note: Patient with arthritis secondary to a viral disease classified elsewhere underwent joint denervation surgery. Intraoperative evaluation revealed inflamed and hyperinnervated joint structures. Selective denervation performed to disrupt pain signaling pathways and provide long-term pain relief. Postoperative management includes pain control, physical therapy, and regular monitoring for disease progression and potential complications.

6. Patient presented with severe joint deformity and dysfunction due to advanced arthritis related to a viral disease classified elsewhere. Joint salvage procedure performed, including arthroscopic debridement, osteochondral grafting, and ligament reconstruction. Intraoperative findings demonstrated cartilage defects, ligament laxity, and joint instability. Surgical interventions aimed to restore joint integrity and improve function. Postoperative care involves pain management, rehabilitation, and close follow-up for joint stability and viral disease activity.

7. A 56-year-old patient with arthritis associated with a viral disease classified elsewhere underwent joint resurfacing surgery. Intraoperative assessment revealed localized cartilage damage and joint space narrowing. Resurfacing performed using biocompatible materials to restore joint congruity and minimize friction. Postoperative care includes pain control, weight management, and physiotherapy for optimal recovery and joint function.

8. Operative note: Arthroscopic chondroplasty performed in a 45-year-old patient with focal arthritis secondary to a viral disease classified elsewhere. Intraoperative findings showed localized cartilage lesions. Debridement and smoothing of the damaged cartilage performed to alleviate pain and improve joint function. Postoperative care includes pain management, physical therapy, and regular follow-up for disease monitoring.

9. Patient underwent ultrasound-guided intra-articular platelet-rich plasma (PRP) injection for symptomatic arthritis related to a viral disease classified elsewhere. Intraoperative assessment revealed joint effusion and mild synovial inflammation. PRP injection administered to promote tissue healing and reduce inflammation. Patient advised to continue antiviral therapy, undergo regular follow-up, and consider additional PRP injections for sustained symptom relief.

10. A 60-year-old patient with refractory arthritis attributed to a viral disease classified elsewhere underwent joint radiofrequency ablation. Intraoperative assessment revealed abnormal nerve signals contributing to chronic pain. Radiofrequency ablation performed to selectively target and deactivate the pain-transmitting nerves. Postoperative care includes pain management, physical therapy, and close monitoring for symptom recurrence and disease activity.

1. Operative note: Patient with arthritis secondary to a viral disease classified elsewhere underwent joint arthroscopy under local anesthesia with sedation. Intraoperative evaluation revealed synovial hypertrophy and cartilage erosion. Arthroscopic debridement and synovectomy performed successfully, providing pain relief and improving joint function. Postoperative care includes pain management, physiotherapy, and regular follow-up for disease monitoring.

2. A 70-year-old patient with arthritis associated with a viral disease classified elsewhere underwent joint fusion surgery under general anesthesia. Intraoperative assessment revealed severe joint destruction and instability. Arthrodesis achieved using bone grafts and internal fixation. Adequate anesthesia dosage and careful intraoperative monitoring ensured a safe procedure. Postoperative management includes pain control, immobilization, and rehabilitation for optimal recovery.

3. Patient presented with moderate arthritis related to a viral disease classified elsewhere. Joint injection performed under local anesthesia for diagnostic and therapeutic purposes. Intra-articular corticosteroid injection administered with precise anesthesia dosage to reduce inflammation and pain. Patient advised to continue antiviral therapy, monitor symptoms, and follow up for disease activity assessment.

4. Operative note: Patient underwent joint replacement surgery under regional anesthesia with intravenous sedation. Intraoperative evaluation revealed advanced joint degeneration and deformity. Successful implantation of a prosthetic joint performed, providing pain relief and restoring joint function. Adequate anesthesia dosage ensured patient comfort and safety throughout the procedure. Postoperative care includes pain management, physical therapy, and regular follow-up for implant stability and viral disease monitoring.

5. A 55-year-old patient with arthritis attributed to a viral disease classified elsewhere underwent joint arthrocentesis under local anesthesia. Intraoperative assessment showed joint effusion and inflammatory changes. Adequate anesthesia dosage provided pain control during the procedure. Joint lavage and aspiration performed to alleviate symptoms and improve joint mobility. Post-procedure, the patient advised to continue antiviral therapy, undergo physiotherapy, and attend regular follow-up visits.

6. Patient underwent joint denervation surgery under general anesthesia for chronic arthritis associated with a viral disease classified elsewhere. Intraoperative evaluation revealed hyperinnervated joint structures contributing to pain. Precise anesthesia dosage and continuous monitoring ensured patient comfort and safety. Selective denervation performed successfully to alleviate pain and improve joint function. Postoperative care includes pain control, physical therapy, and close follow-up for disease monitoring.

7. Operative note: Patient with arthritis secondary to a viral disease classified elsewhere underwent joint osteotomy under spinal anesthesia. Intraoperative assessment revealed malalignment and joint instability. Osteotomy performed to correct joint alignment and redistribute forces. Adequate anesthesia dosage and close monitoring maintained patient comfort and safety. Postoperative management includes pain control, rehabilitation, and regular follow-up for joint stability and disease progression.

8. A 50-year-old patient with refractory arthritis related to a viral disease classified elsewhere underwent joint resurfacing surgery under general anesthesia. Intraoperative evaluation showed localized cartilage damage. Precise anesthesia dosage and monitoring ensured a smooth procedure. Resurfacing performed using biocompatible materials to restore joint congruity. Postoperative care includes pain control, weight management, and physiotherapy for optimal recovery.

9. Operative note: Patient underwent joint synovectomy and debridement under local anesthesia with monitored anesthesia care (MAC). Intraoperative assessment revealed synovial hypertrophy and inflammation. Adequate anesthesia dosage and sedation provided patient comfort and cooperation. Thorough synovial debridement performed to alleviate symptoms and halt disease progression. Postoperative care includes pain management, physical therapy, and regular follow-up for disease monitoring.

10. A 65-year-old patient with arthritis associated with a viral disease classified elsewhere underwent joint chondroplasty under regional anesthesia. Intraoperative findings showed focal cartilage lesions. Adequate anesthesia dosage provided patient comfort while maintaining intraoperative monitoring. Debridement and smoothing of the damaged cartilage performed successfully. Postoperative care includes pain control, physical therapy, and regular follow-up for disease monitoring.

1. Operative note: Patient with arthritis secondary to a viral disease classified elsewhere underwent joint arthroplasty under general anesthesia. Intraoperative evaluation revealed significant bone erosion, subchondral cysts, and joint deformity. Successful joint replacement performed, addressing the bone loss and restoring joint function. Precise anesthesia dosage and close monitoring ensured a safe procedure. Postoperative care includes pain management, rehabilitation, and regular follow-up for implant stability and disease progression.

2. A 60-year-old patient with advanced arthritis related to a viral disease classified elsewhere underwent joint fusion surgery under regional anesthesia. Intraoperative assessment revealed severe bone erosion and joint instability. Arthrodesis achieved using bone grafts and internal fixation. Adequate anesthesia dosage and meticulous surgical technique ensured optimal patient outcomes. Postoperative management includes pain control, immobilization, and rehabilitation for bone fusion and joint stability.

3. Patient presented with extensive bone erosion in the affected joint due to arthritis associated with a viral disease classified elsewhere. Joint preservation surgery performed under general anesthesia to address the bone loss and maintain joint function. Osteochondral autograft transplantation and bone grafting carried out to restore damaged bone and cartilage. Precise anesthesia dosage and intraoperative monitoring provided patient comfort and safety. Postoperative care includes pain management, physical therapy, and regular follow-up for bone and joint healing assessment.

4. Operative note: Patient with severe arthritis attributed to a viral disease classified elsewhere underwent joint debridement and bone grafting under general anesthesia. Intraoperative evaluation revealed significant bone erosion and cartilage loss. Thorough debridement performed, followed by bone graft placement to restore bone integrity and support joint stability. Adequate anesthesia dosage ensured patient comfort throughout the procedure. Postoperative care includes pain control, rehabilitation, and regular follow-up for disease monitoring.

5. A 55-year-old patient with bone erosion associated with arthritis related to a viral disease classified elsewhere underwent joint resurfacing surgery under regional anesthesia. Intraoperative assessment revealed extensive bone erosion and joint deformity. Resurfacing performed using specialized implants to reconstruct the damaged bone and preserve joint function. Precise anesthesia dosage and intraoperative monitoring maintained patient comfort and safety. Postoperative management includes pain control, weight management, and physiotherapy for optimal recovery.

6. Patient presented with advanced arthritis and severe bone erosion in the affected joint due to a viral disease classified elsewhere. Joint replacement surgery considered under general anesthesia to address the bone loss and alleviate symptoms. Intraoperative evaluation confirmed extensive bone erosion, osteophyte formation, and joint deformity. Successful joint arthroplasty performed, providing pain relief and restoring joint stability. Adequate anesthesia dosage ensured patient comfort and safety throughout the procedure. Postoperative care includes pain management, rehabilitation, and regular follow-up for implant stability and disease monitoring.

7. Operative note: Patient with bone erosion attributed to arthritis related to a viral disease classified elsewhere underwent joint osteotomy under regional anesthesia. Intraoperative assessment revealed malalignment and significant bone loss. Osteotomy performed to correct joint alignment and restore bone integrity. Adequate anesthesia dosage and continuous monitoring maintained patient comfort and safety. Postoperative care includes pain control, rehabilitation, and regular follow-up for bone healing and disease progression.

8. A 50-year-old patient with extensive bone erosion associated with arthritis secondary to a viral disease classified elsewhere underwent joint fusion surgery under general anesthesia. Intraoperative evaluation revealed severe bone loss and joint instability. Arthrodesis achieved using bone grafts, internal fixation, and bone substitutes. Precise anesthesia dosage and meticulous surgical technique ensured optimal patient outcomes. Postoperative management includes pain control, immobilization, and rehabilitation for bone fusion and joint stability.

9. Operative note: Patient underwent joint denervation surgery under regional anesthesia due to persistent pain and bone erosion associated with arthritis related to a viral disease classified elsewhere. Intraoperative evaluation revealed hyperinnervated joint structures and significant bone erosion. Precise anesthesia dosage and close monitoring provided patient comfort and safety. Selective denervation performed to alleviate pain and improve joint function. Postoperative care includes pain control, physical therapy, and close follow-up for disease monitoring.

10. A 65-year-old patient with bone erosion attributed to arthritis related to a viral disease classified elsewhere underwent joint salvage surgery under general anesthesia. Intraoperative assessment revealed extensive bone loss, osteophyte formation, and joint deformity. Joint debridement, bone grafting, and reconstruction carried out to restore bone integrity and improve joint function. Adequate anesthesia dosage and careful intraoperative monitoring ensured patient comfort and safety. Postoperative care includes pain management, rehabilitation, and regular follow-up for bone healing and disease progression.

1. Operative note: Patient with severe bone pain attributed to arthritis related to a viral disease classified elsewhere underwent joint arthroscopy under regional anesthesia. Intraoperative assessment revealed inflamed synovium, cartilage erosion, and extensive bone involvement. Arthroscopic debridement, synovectomy, and bone smoothing performed to alleviate pain and improve joint function. Precise anesthesia dosage and continuous monitoring ensured patient comfort and safety. Postoperative care includes pain management, physical therapy, and regular follow-up for disease monitoring.

2. A 60-year-old patient presented with debilitating bone pain associated with arthritis related to a viral disease classified elsewhere. Joint fusion surgery considered under general anesthesia to address the severe pain and joint instability. Intraoperative evaluation confirmed significant bone erosion, osteophyte formation, and joint deformity. Arthrodesis achieved using bone grafts and internal fixation to stabilize the joint and alleviate pain. Adequate anesthesia dosage ensured patient comfort and safety throughout the procedure. Postoperative management includes pain control, immobilization, and rehabilitation for optimal recovery.

3. Patient underwent joint resurfacing surgery under general anesthesia due to severe bone pain associated with arthritis attributed to a viral disease classified elsewhere. Intraoperative assessment revealed extensive bone erosion, osteochondral defects, and joint deformity. Resurfacing performed using specialized implants to reconstruct the damaged bone and alleviate pain. Precise anesthesia dosage and continuous monitoring maintained patient comfort and safety. Postoperative care includes pain control, weight management, and physiotherapy for optimal recovery and pain relief.

4. Operative note: Patient with severe bone pain related to arthritis associated with a viral disease classified elsewhere underwent joint debridement and bone grafting under regional anesthesia. Intraoperative evaluation revealed extensive bone erosion, joint deformity, and osteophyte formation. Thorough debridement performed, followed by bone graft placement to restore bone integrity and alleviate pain. Adequate anesthesia dosage ensured patient comfort throughout the procedure. Postoperative care includes pain management, rehabilitation, and regular follow-up for disease monitoring.

5. A 55-year-old patient with severe bone pain attributed to advanced arthritis related to a viral disease classified elsewhere underwent joint replacement surgery under general anesthesia. Intraoperative evaluation revealed significant bone erosion, cartilage loss, and joint deformity. Successful joint arthroplasty performed, addressing the bone loss and providing pain relief. Precise anesthesia dosage and close monitoring ensured patient comfort and safety. Postoperative management includes pain control, rehabilitation, and regular follow-up for implant stability and disease progression.

6. Patient presented with excruciating bone pain in the affected joint due to severe arthritis associated with a viral disease classified elsewhere. Joint preservation surgery performed under regional anesthesia to alleviate pain and preserve joint function. Osteotomy and bone realignment carried out to redistribute forces and reduce pain. Adequate anesthesia dosage and meticulous surgical technique ensured patient comfort and safety. Postoperative care includes pain management, physical therapy, and regular follow-up for disease monitoring.

7. Operative note: Patient with severe bone pain attributed to arthritis related to a viral disease classified elsewhere underwent joint synovectomy and bone smoothing under general anesthesia. Intraoperative assessment revealed inflamed synovium, cartilage erosion, and bone involvement. Thorough synovial debridement, bone smoothing, and tissue removal performed to alleviate pain and improve joint function. Precise anesthesia dosage and continuous monitoring provided patient comfort and safety. Postoperative care includes pain control, physical therapy, and regular follow-up for disease monitoring.

8. A 50-year-old patient with severe bone pain associated with advanced arthritis secondary to a viral disease classified elsewhere underwent joint denervation surgery under regional anesthesia. Intraoperative evaluation revealed hyperinnervated joint structures and extensive bone involvement. Selective denervation performed to interrupt pain signaling pathways and alleviate severe bone

pain. Precise anesthesia dosage and close monitoring ensured patient comfort and safety. Postoperative care includes pain management, physical therapy, and close follow-up for disease monitoring.

9. Operative note: Patient presented with severe bone pain in the affected joint due to advanced arthritis related to a viral disease classified elsewhere. Joint fusion surgery performed under general anesthesia to address the excruciating pain and joint instability. Intraoperative assessment confirmed extensive bone erosion, osteophyte formation, and joint deformity. Arthrodesis achieved using bone grafts and internal fixation to stabilize the joint and relieve bone pain. Adequate anesthesia dosage ensured patient comfort and safety throughout the procedure. Postoperative management includes pain control, immobilization, and rehabilitation for bone fusion and joint stability.

10. A 65-year-old patient with severe bone pain attributed to arthritis associated with a viral disease classified elsewhere underwent joint salvage surgery under regional anesthesia. Intraoperative evaluation revealed significant bone erosion, joint deformity, and osteophyte formation. Joint debridement, bone grafting, and reconstruction carried out to restore bone integrity and alleviate severe bone pain. Adequate anesthesia dosage and careful intraoperative monitoring ensured patient comfort and safety. Postoperative care includes pain management, rehabilitation, and regular follow-up for bone healing and disease progression.

1. Operative note: Patient with severe bone pain attributed to advanced arthritis related to a viral disease classified elsewhere underwent joint arthroplasty. Intraoperative evaluation revealed extensive bone erosion, cartilage loss, and joint deformity. Total joint replacement performed successfully, addressing the bone pathology and providing significant pain relief. Precise anesthesia dosage and continuous monitoring ensured patient comfort and safety. Postoperative care includes pain management, rehabilitation, and regular follow-up for implant stability and disease progression.

2. A 55-year-old patient with debilitating bone pain associated with arthritis related to a viral disease classified elsewhere underwent joint fusion surgery. Intraoperative assessment confirmed severe bone erosion, joint instability, and osteophyte formation. Arthrodesis performed to stabilize the joint and alleviate pain. Adequate anesthesia dosage and meticulous surgical technique ensured optimal patient outcomes. Postoperative management includes pain control, immobilization, and rehabilitation for bone fusion and joint stability.

3. Patient underwent joint resurfacing surgery to address severe bone pain related to arthritis attributed to a viral disease classified elsewhere. Intraoperative evaluation revealed extensive bone erosion, osteochondral defects, and joint deformity. Resurfacing performed using specialized implants to reconstruct the damaged bone and alleviate pain. Precise anesthesia dosage and continuous monitoring maintained patient comfort and safety. Postoperative care includes pain control, weight management, and physiotherapy for optimal recovery and pain relief.

4. Operative note: Patient with severe bone pain related to arthritis associated with a viral disease classified elsewhere underwent joint debridement and bone grafting. Intraoperative evaluation revealed significant bone erosion, joint deformity, and osteophyte formation. Thorough debridement performed, followed by bone graft placement to restore bone integrity and alleviate pain. Adequate anesthesia dosage ensured patient comfort throughout the procedure. Postoperative care includes pain management, rehabilitation, and regular follow-up for disease monitoring.

5. A 60-year-old patient with excruciating bone pain attributed to advanced arthritis related to a viral disease classified elsewhere underwent joint replacement surgery. Intraoperative evaluation revealed extensive bone erosion, cartilage loss, and joint deformity. Successful joint arthroplasty performed, addressing the bone loss and providing significant pain relief. Adequate anesthesia dosage and close monitoring ensured patient comfort and safety. Postoperative management includes pain control, rehabilitation, and regular follow-up for implant stability and disease progression.

6. Patient presented with severe bone pain in the affected joint due to advanced arthritis associated with a viral disease classified elsewhere. Joint preservation surgery performed to alleviate pain and preserve joint function. Osteotomy and bone realignment carried out to redistribute forces and reduce pain. Adequate anesthesia dosage and meticulous surgical technique ensured patient comfort and safety. Postoperative care includes pain management, physical therapy, and regular follow-up for disease monitoring.

7. Operative note: Patient with severe bone pain attributed to arthritis related to a viral disease classified elsewhere underwent joint synovectomy and bone smoothing. Intraoperative assessment revealed inflamed synovium, cartilage erosion, and bone involvement. Thorough synovial debridement, bone smoothing, and tissue removal performed to alleviate pain and improve joint function. Precise anesthesia dosage and continuous monitoring provided patient comfort and safety. Postoperative care includes pain control, physical therapy, and regular follow-up for disease monitoring.

8. A 50-year-old patient with debilitating bone pain associated with advanced arthritis secondary to a viral disease classified elsewhere underwent joint denervation surgery. Intraoperative evaluation revealed hyperinnervated joint structures and extensive bone involvement. Selective denervation performed to interrupt pain signaling pathways and alleviate severe bone pain. Precise anesthesia dosage and close monitoring ensured patient comfort and safety. Postoperative care includes pain management, physical therapy, and close follow-up for disease monitoring.

9. Operative note: Patient presented with severe bone pain in the affected joint due to advanced arthritis related to a viral disease classified elsewhere. Joint fusion surgery performed to address the excruciating pain and joint instability. Intraoperative assessment confirmed extensive bone erosion, osteophyte formation, and joint deformity. Arthrodesis achieved using bone grafts and internal fixation to stabilize the joint and relieve bone pain. Adequate anesthesia dosage ensured patient comfort and safety throughout the procedure. Postoperative management includes pain control, immobilization, and rehabilitation for bone fusion and joint stability.

10. A 65-year-old patient with severe bone pain attributed to arthritis associated with a viral disease classified elsewhere underwent joint salvage surgery. Intraoperative evaluation revealed significant bone erosion, joint deformity, and osteophyte formation. Joint debridement, bone grafting, and reconstruction carried out to restore bone integrity and alleviate severe bone pain. Adequate anesthesia dosage and careful intraoperative monitoring ensured patient comfort and safety. Postoperative care includes pain management, rehabilitation, and regular follow-up for bone healing and disease progression.

1. Operative note: Patient with severe bone pain and deformity due to arthritis related to a viral disease classified elsewhere underwent joint osteotomy. Intraoperative assessment revealed malalignment, significant bone erosion, and joint instability. Osteotomy performed to correct the alignment, redistribute forces, and alleviate pain. Adequate anesthesia dosage and continuous monitoring ensured patient comfort and safety. Postoperative care includes pain management, rehabilitation, and regular follow-up for bone healing and joint function.

2. A 55-year-old patient presented with incapacitating bone pain attributed to advanced arthritis associated with a viral disease classified elsewhere. Joint resection surgery considered to address the severe pain and bone involvement. Intraoperative evaluation confirmed extensive bone erosion, cartilage loss, and joint deformity. Partial joint resection performed to relieve pain and improve functional outcomes. Precise anesthesia dosage and meticulous surgical technique ensured patient comfort and safety. Postoperative management includes pain control, physical therapy, and regular follow-up for disease monitoring.

3. Patient underwent joint fusion surgery to alleviate severe bone pain related to arthritis attributed to a viral disease classified elsewhere. Intraoperative assessment revealed extensive bone erosion, joint instability, and osteophyte formation. Arthrodesis achieved using bone grafts, internal fixation, and bone substitutes to stabilize the joint and relieve pain. Adequate anesthesia dosage and close monitoring ensured patient comfort and safety throughout the procedure. Postoperative care includes pain management, immobilization, and rehabilitation for bone fusion and joint stability.

4. Operative note: Patient with severe bone pain associated with arthritis related to a viral disease classified elsewhere underwent joint resurfacing surgery. Intraoperative evaluation revealed extensive bone erosion, osteochondral defects, and joint deformity. Resurfacing performed using specialized implants to reconstruct the damaged bone, restore joint congruity, and alleviate pain. Precise anesthesia dosage and continuous monitoring maintained patient comfort and safety. Postoperative care includes pain control, weight management, and physiotherapy for optimal recovery and pain relief.

5. A 60-year-old patient with excruciating bone pain attributed to advanced arthritis related to a viral disease classified elsewhere underwent joint denervation surgery. Intraoperative evaluation revealed hyperinnervated joint structures and extensive bone involvement contributing to pain. Selective denervation performed to interrupt pain signaling pathways and alleviate severe bone pain. Adequate anesthesia dosage and close monitoring ensured patient comfort and safety. Postoperative care includes pain management, physical therapy, and close follow-up for disease monitoring.

6. Operative note: Patient with severe bone pain and joint deformity attributed to arthritis related to a viral disease classified elsewhere underwent joint realignment surgery. Intraoperative assessment revealed malalignment, significant bone erosion, and joint instability. Realignment procedure performed to correct joint alignment, redistribute forces, and alleviate pain. Precise anesthesia dosage and continuous monitoring provided patient comfort and safety. Postoperative care includes pain control, rehabilitation, and regular follow-up for bone healing and disease monitoring.

7. A 50-year-old patient with severe bone pain associated with advanced arthritis secondary to a viral disease classified elsewhere underwent joint salvage surgery. Intraoperative evaluation revealed extensive bone erosion, joint deformity, and osteophyte formation. Joint debridement, bone grafting, and reconstruction carried out to restore bone integrity, relieve pain, and improve joint function. Adequate anesthesia dosage and careful intraoperative monitoring ensured patient comfort and safety. Postoperative care includes pain management, rehabilitation, and regular follow-up for bone healing and disease progression.

8. Patient presented with severe bone pain and deformity in the affected joint due to advanced arthritis associated with a viral disease classified elsewhere. Joint decompression surgery performed to alleviate pain and reduce pressure on the affected bone. Intraoperative assessment confirmed bone erosion, osteonecrosis, and joint instability. Adequate anesthesia dosage and meticulous surgical technique ensured patient comfort and safety. Postoperative care includes pain control, physical therapy, and regular follow-up for disease monitoring.

9. Operative note: Patient with severe bone pain related to arthritis associated with a viral disease classified elsewhere underwent joint resection and replacement surgery. Intraoperative evaluation revealed extensive bone erosion, cartilage loss, and joint deformity. Resection of the damaged bone and replacement with a prosthetic joint performed successfully, alleviating severe bone pain and restoring joint function. Precise anesthesia dosage and close monitoring ensured patient comfort and safety. Postoperative care includes pain management, rehabilitation, and regular follow-up for implant stability and disease progression.

10. A 65-year-old patient with severe bone pain attributed to arthritis related to a viral disease classified elsewhere underwent joint decompression surgery. Intraoperative assessment revealed bone erosion, joint space narrowing, and compromised blood supply. Decompression procedure performed to alleviate pain, restore blood flow, and promote bone healing. Adequate anesthesia dosage and continuous monitoring maintained patient comfort and safety. Postoperative care includes pain management, rehabilitation, and regular follow-up for bone healing and disease monitoring.

1. Operative note: Patient with severe infection and bone involvement in the extreme moving joint due to arthritis related to a viral disease classified elsewhere underwent joint debridement and irrigation under general anesthesia. Intraoperative evaluation revealed extensive bone erosion, joint destruction, and purulent fluid accumulation. Thorough debridement, removal of infected tissue, and joint irrigation performed to control the infection and prevent further complications. Adequate anesthesia dosage and meticulous surgical technique ensured patient comfort and safety. Postoperative care includes intravenous antibiotics, wound care, and regular follow-up for infection control and joint function.

2. A 55-year-old patient presented with a severe infection on the extreme moving joint due to advanced arthritis associated with a viral disease classified elsewhere. Emergency joint resection surgery performed under general anesthesia to address the life-threatening infection and prevent its spread. Intraoperative assessment confirmed extensive bone erosion, purulent drainage, and joint instability. Joint resection carried out to remove infected tissues and stabilize the joint. Adequate anesthesia dosage and close monitoring ensured patient comfort and safety. Postoperative management includes intravenous antibiotics, wound care, and subsequent joint reconstruction planning.

3. Patient underwent joint fusion surgery in the extreme moving joint under general anesthesia to treat a severe infection associated with arthritis attributed to a viral disease classified elsewhere. Intraoperative evaluation revealed extensive bone erosion, purulent fluid accumulation, and joint deformity. Arthrodesis achieved using bone grafts, internal fixation, and antibiotics-impregnated cement to control the infection and stabilize the joint. Adequate anesthesia dosage and meticulous surgical technique ensured optimal patient outcomes. Postoperative care includes intravenous antibiotics, immobilization, and regular follow-up for infection control and bone healing.

4. Operative note: Patient with a severe infection involving the extreme moving joint due to arthritis related to a viral disease classified elsewhere underwent joint arthroscopy and debridement under regional anesthesia. Intraoperative assessment revealed inflamed synovium, purulent fluid, and extensive bone erosion. Thorough joint debridement and irrigation performed to control the infection and alleviate symptoms. Adequate anesthesia dosage and continuous monitoring provided patient comfort and safety. Postoperative care includes intravenous antibiotics, wound care, and regular follow-up for infection control and joint function.

5. A 60-year-old patient with a severe infection on the extreme moving joint attributed to advanced arthritis related to a viral disease classified elsewhere underwent joint resection and external fixation surgery under general anesthesia. Intraoperative evaluation revealed extensive bone erosion, purulent drainage, and joint instability. Resection of the infected joint performed to remove the source of infection and provide access for ongoing wound care. Adequate anesthesia dosage and meticulous surgical technique ensured patient comfort and safety. Postoperative management includes intravenous antibiotics, wound care, and subsequent joint reconstruction planning.

6. Patient presented with a severe infection on the extreme moving joint due to advanced arthritis associated with a viral disease classified elsewhere. Joint salvage surgery performed under general anesthesia to control the infection and preserve joint function. Intraoperative assessment confirmed extensive bone erosion, purulent fluid accumulation, and joint deformity. Thorough debridement, removal of infected tissues, and irrigation carried out to eradicate the infection. Adequate anesthesia dosage ensured patient comfort and safety throughout the procedure. Postoperative care includes intravenous antibiotics, wound care, and regular follow-up for infection control and joint function.

7. Operative note: Patient with severe infection and bone involvement in the extreme moving joint due to arthritis related to a viral disease classified elsewhere underwent joint excision arthroplasty under general anesthesia. Intraoperative evaluation revealed extensive bone erosion, purulent fluid collection, and joint instability. Excision of the infected joint performed to remove the source of infection and alleviate symptoms. Adequate anesthesia dosage and continuous monitoring provided patient comfort and safety. Postoperative care includes intravenous antibiotics, wound care, and subsequent joint reconstruction planning.

8. A 50-year-old patient with a severe infection on the extreme moving joint associated with advanced arthritis secondary to a viral disease classified elsewhere underwent joint debridement and antibiotic-impregnated spacer placement under general anesthesia. Intraoperative assessment revealed extensive bone erosion, purulent drainage, and joint deformity. Thorough debridement performed to remove infected tissues, followed by spacer insertion to provide local antibiotic delivery and maintain joint space. Adequate anesthesia dosage and meticulous surgical technique ensured patient comfort and safety. Postoperative management includes intravenous antibiotics, wound care, and subsequent joint reconstruction planning.

9. Operative note: Patient with a severe infection and bone involvement in the extreme moving joint due to arthritis related to a viral disease classified elsewhere underwent joint irrigation and soft tissue debridement under regional anesthesia. Intraoperative evaluation revealed inflamed joint capsule, purulent fluid, and extensive bone erosion. Thorough irrigation performed to flush out the infection, followed by meticulous debridement of infected soft tissues. Adequate anesthesia dosage and continuous monitoring provided patient comfort and safety. Postoperative care includes intravenous antibiotics, wound care, and regular follow-up for infection control and joint function.

10. A 65-year-old patient with a severe infection on the extreme moving joint attributed to arthritis associated with a viral disease classified elsewhere underwent joint resection and external fixation surgery under general anesthesia. Intraoperative assessment revealed extensive bone erosion, purulent drainage, and joint instability. Resection of the infected joint performed to remove the source of infection and provide access for ongoing wound care. Adequate anesthesia dosage and meticulous surgical technique ensured patient comfort and safety. Postoperative management includes intravenous antibiotics, wound care, and subsequent joint reconstruction planning.

1. Operative note: Patient with severe inflammation and bone involvement in the extreme moving joint due to arthritis related to a viral disease classified elsewhere underwent joint arthroscopy and synovectomy under general anesthesia. Intraoperative evaluation revealed inflamed synovium, extensive bone erosion, and joint deformity. Thorough synovial debridement and tissue excision performed to reduce inflammation and improve joint function. Adequate anesthesia dosage and continuous monitoring ensured patient comfort and safety. Postoperative care includes anti-inflammatory medications, physical therapy, and regular follow-up for disease monitoring.

2. A 55-year-old patient presented with a severe inflammation and joint destruction on the extreme moving joint due to advanced arthritis associated with a viral disease classified elsewhere. Emergency joint resection surgery performed under general anesthesia to address the progressive inflammation and prevent further complications. Intraoperative assessment confirmed extensive bone erosion, inflamed joint capsule, and joint instability. Joint resection carried out to remove the inflamed tissues and stabilize the joint. Adequate anesthesia dosage and close monitoring ensured patient comfort and safety. Postoperative management includes anti-inflammatory medications, wound care, and subsequent joint reconstruction planning.

3. Patient underwent joint fusion surgery in the extreme moving joint under regional anesthesia to treat severe inflammation associated with arthritis attributed to a viral disease classified elsewhere. Intraoperative evaluation revealed inflamed synovium, extensive bone erosion, and joint deformity. Arthrodesis achieved using bone grafts, internal fixation, and anti-inflammatory medications to control the inflammation and stabilize the joint. Adequate anesthesia dosage and meticulous surgical technique ensured optimal patient outcomes. Postoperative care includes anti-inflammatory medications, immobilization, and regular follow-up for inflammation control and bone healing.

4. Operative note: Patient with severe inflammation and bone involvement in the extreme moving joint related to arthritis associated with a viral disease classified elsewhere underwent joint debridement and irrigation under regional anesthesia. Intraoperative evaluation revealed inflamed synovium, extensive bone erosion, and joint instability. Thorough joint debridement and irrigation performed to reduce inflammation, remove infected tissues, and improve joint function. Adequate anesthesia dosage and continuous monitoring provided patient comfort and safety. Postoperative care includes anti-inflammatory medications, wound care, and regular follow-up for inflammation control and joint function.

5. A 60-year-old patient with incapacitating inflammation attributed to advanced arthritis related to a viral disease classified elsewhere underwent joint resection and external fixation surgery under general anesthesia. Intraoperative assessment revealed inflamed joint capsule, extensive bone erosion, and joint deformity. Resection of the inflamed joint performed to remove the source of inflammation and provide access for ongoing wound care. Adequate anesthesia dosage and meticulous surgical technique ensured patient comfort and safety. Postoperative management includes anti-inflammatory medications, wound care, and subsequent joint reconstruction planning.

6. Patient presented with severe inflammation in the affected joint due to advanced arthritis associated with a viral disease classified elsewhere. Joint salvage surgery performed under regional anesthesia to control the inflammation and preserve joint function. Intraoperative assessment confirmed inflamed synovium, extensive bone erosion, and joint deformity. Thorough debridement, removal of inflamed tissues, and irrigation carried out to reduce inflammation. Adequate anesthesia dosage ensured patient comfort and safety throughout the procedure. Postoperative care includes anti-inflammatory medications, physical therapy, and regular follow-up for inflammation control and joint function.

7. Operative note: Patient with severe inflammation and bone involvement in the extreme moving joint due to arthritis related to a viral disease classified elsewhere underwent joint excision arthroplasty under general anesthesia. Intraoperative evaluation revealed inflamed joint capsule, extensive bone erosion, and joint instability. Excision of the inflamed joint performed to remove the source of inflammation and alleviate symptoms. Adequate anesthesia dosage and continuous monitoring provided patient comfort and safety. Postoperative care includes anti-inflammatory medications, physical therapy, and regular follow-up for inflammation control and joint function.

8. A 50-year-old patient with debilitating inflammation associated with advanced arthritis secondary to a viral disease classified elsewhere underwent joint denervation surgery under regional anesthesia. Intraoperative evaluation revealed inflamed joint capsule, extensive bone erosion, and joint instability contributing to inflammation. Selective denervation performed to interrupt pain signaling pathways and reduce inflammation. Adequate anesthesia dosage and close monitoring ensured patient comfort and safety. Postoperative care includes anti-inflammatory medications, physical therapy, and close follow-up for inflammation control and disease monitoring.

9. Operative note: Patient with severe inflammation and bone involvement in the extreme moving joint due to arthritis related to a viral disease classified elsewhere underwent joint irrigation and soft tissue debridement under general anesthesia. Intraoperative evaluation revealed inflamed synovium, extensive bone erosion, and joint deformity. Thorough irrigation performed to flush out inflammatory substances and remove inflamed tissues. Adequate anesthesia dosage and continuous monitoring provided patient comfort and safety. Postoperative care includes anti-inflammatory medications, wound care, and regular follow-up for inflammation control and joint function.

10. A 65-year-old patient with severe inflammation attributed to arthritis associated with a viral disease classified elsewhere underwent joint resection and external fixation surgery under general anesthesia. Intraoperative assessment revealed inflamed joint capsule, extensive bone erosion, and joint instability. Resection of the inflamed joint performed to remove the source of inflammation and provide access for ongoing wound care. Adequate anesthesia dosage and meticulous surgical technique ensured patient comfort and safety. Postoperative management includes anti-inflammatory medications, wound care, and subsequent joint reconstruction planning.

1. Operative note: Patient diagnosed with severe arthritis related to a viral disease classified elsewhere underwent joint replacement surgery. Intraoperative evaluation revealed extensive joint damage and significant bone erosion. Total joint replacement performed successfully, providing pain relief and improving joint function. Postoperative care includes pain management, physical therapy, and regular follow-up visits based on the severity of the diagnosis.

2. A 55-year-old patient with moderate arthritis associated with a viral disease classified elsewhere underwent joint fusion surgery. Intraoperative assessment revealed moderate joint damage and some bone erosion. Arthrodesis achieved using bone grafts and internal fixation to stabilize the joint. Postoperative management includes pain control, immobilization, and follow-up visits to assess the severity of the diagnosis and adjust treatment accordingly.

3. Patient presented with mild arthritis attributed to a viral disease classified elsewhere. Joint injection performed for diagnostic and therapeutic purposes. Intraoperative evaluation revealed minor joint inflammation and minimal bone erosion. Joint injection administered with the appropriate dosage to reduce inflammation and manage symptoms. Follow-up visits scheduled based on the severity of the diagnosis and patient's response to treatment.

4. Operative note: Patient with severe arthritis related to a viral disease classified elsewhere underwent joint debridement and synovectomy. Intraoperative assessment revealed severe joint inflammation and significant bone erosion. Thorough debridement and synovectomy performed to alleviate symptoms and halt disease progression. Postoperative care includes pain management, physical therapy, and close follow-up visits to monitor the severity of the diagnosis and adjust treatment accordingly.

5. A 60-year-old patient with moderate arthritis associated with a viral disease classified elsewhere underwent joint arthroscopy. Intraoperative evaluation revealed moderate joint inflammation and moderate bone erosion. Arthroscopic debridement performed to improve joint function and reduce inflammation. Postoperative management includes pain control, rehabilitation, and follow-up visits to assess the severity of the diagnosis and adjust treatment as needed.

6. Patient underwent joint resurfacing surgery for mild arthritis related to a viral disease classified elsewhere. Intraoperative assessment revealed minor joint inflammation and minimal bone erosion. Resurfacing performed using specialized implants to restore joint function. Postoperative care includes pain management, physical therapy, and follow-up visits to evaluate the severity of the diagnosis and monitor treatment outcomes.

7. Operative note: Patient diagnosed with severe arthritis related to a viral disease classified elsewhere underwent joint synovectomy and debridement. Intraoperative evaluation revealed severe joint inflammation and extensive bone erosion. Thorough synovectomy and debridement performed to reduce inflammation and improve joint function. Postoperative care includes pain control, rehabilitation, and close follow-up visits to assess the severity of the diagnosis and adjust treatment plans accordingly.

8. A 50-year-old patient with mild arthritis associated with a viral disease classified elsewhere underwent joint fusion surgery. Intraoperative assessment revealed minimal joint inflammation and minor bone erosion. Arthrodesis achieved using bone grafts and internal fixation. Postoperative management includes pain control, immobilization, and regular follow-up visits to monitor the severity of the diagnosis and evaluate treatment outcomes.

9. Operative note: Patient diagnosed with severe arthritis related to a viral disease classified elsewhere underwent joint denervation surgery. Intraoperative evaluation revealed severe joint inflammation and extensive bone erosion. Selective denervation performed to alleviate pain and reduce inflammation. Postoperative care includes pain management, physical therapy, and close follow-up visits to assess the severity of the diagnosis and adjust treatment plans accordingly.

10. A 65-year-old patient with moderate arthritis attributed to a viral disease classified elsewhere underwent joint salvage surgery. Intraoperative assessment revealed moderate joint inflammation and moderate bone erosion. Salvage procedure performed to restore joint function and reduce inflammation. Postoperative management includes pain control, rehabilitation, and follow-up visits to evaluate the severity of the diagnosis and monitor treatment outcomes.

## M01.6 Arthritis in mycoses

1. Patient presented with severe arthritis secondary to mycoses infection. Joint swelling, pain, and limited range of motion observed. X-rays revealed erosive changes. Initiated antifungal therapy and prescribed nonsteroidal anti-inflammatory drugs (NSAIDs) for symptom management. Advised patient to maintain joint mobility through gentle exercises. Follow-up scheduled in two weeks.

2. Operative note: Arthroscopic examination of the affected joint revealed synovitis, erosions, and mycotic invasion. Debridement and lavage performed to remove infected tissue and reduce inflammation. Postoperative antifungal treatment initiated. Patient instructed to engage in physical therapy for joint rehabilitation. Follow-up scheduled in four weeks for evaluation of response.

3. Patient with arthritis due to mycoses infection underwent joint aspiration. Synovial fluid analysis revealed elevated leukocyte count and fungal elements. Intravenous antifungal therapy initiated. Symptomatic relief achieved with NSAIDs. Scheduled for regular monitoring of joint inflammation markers and fungal load.

4. Operative note: Patient underwent total joint replacement due to mycoses-related arthritis. Intraoperative findings showed severe joint destruction and fungal invasion. Infected joint components removed, and prosthesis implanted. Patient initiated on antifungal therapy postoperatively. Encouraged gradual rehabilitation for functional recovery. Follow-up planned in six weeks for prosthesis stability assessment.

5. Patient with mycoses-associated arthritis underwent ultrasound-guided joint injection. Corticosteroid and antifungal agents injected into the affected joint. Post-procedure, patient experienced pain relief and improved joint function. Instructed to monitor for signs of infection or adverse reactions. Follow-up scheduled in two weeks for reassessment.

6. Operative note: Open synovectomy performed on patient with mycoses-related arthritis. Intraoperative examination revealed extensive synovial thickening and fungal colonization. Complete synovial excision achieved, and affected joint irrigated with antifungal solution. Postoperative antifungal therapy initiated. Patient advised to engage in physical therapy for joint rehabilitation. Follow-up scheduled in four weeks.

7. Patient underwent arthrocentesis for diagnostic purposes. Synovial fluid analysis revealed fungal elements, confirming mycoses-related arthritis. Antifungal treatment initiated, and patient prescribed NSAIDs for pain management. Advised to rest the affected joint and use assistive devices as needed. Scheduled for follow-up in three weeks for response evaluation.

8. Operative note: Patient underwent arthroscopic synovial biopsy for mycoses-associated arthritis. Biopsy specimens showed evidence of fungal invasion and inflammatory changes. Antifungal therapy initiated postoperatively. Patient advised to avoid weight-bearing activities and utilize joint protection techniques. Follow-up planned in four weeks for clinical and laboratory assessment.

9. Patient presented with worsening arthritis attributed to mycoses infection. Decision made to initiate systemic antifungal therapy. Prescribed disease-modifying antirheumatic drugs (DMARDs) for long-term management. Patient counseled on potential side effects and instructed to monitor for signs of drug toxicity. Follow-up scheduled in two weeks to assess treatment response and adjust medication if necessary.

10. Operative note: Joint arthrodesis performed on patient with mycoses-related arthritis. Intraoperative findings revealed severe joint destruction and persistent fungal infection. Joint surfaces prepared and fused using fixation hardware. Postoperative antifungal therapy initiated. Patient educated on weight-bearing restrictions and long-term implications of joint fusion. Follow-up planned in six weeks for radiographic assessment and functional evaluation.

1. Patient presented with chronic mycoses-related arthritis, experiencing joint pain, stiffness, and functional limitations. Initiated a multidisciplinary approach involving antifungal therapy, physical therapy, and pain management. Regular monitoring of disease activity and joint function advised. Scheduled for a follow-up appointment in four weeks.

2. Operative note: Patient underwent joint lavage and irrigation for mycoses-associated arthritis. Intraoperative assessment revealed synovial thickening and purulent fluid. Thorough joint debridement performed, and antifungal irrigation administered. Postoperatively, patient started on systemic antifungal treatment. Emphasized the importance of infection control measures and adherence to medication regimen.

3. Patient with mycoses-related arthritis underwent ultrasound-guided joint injection with a combination of corticosteroids and antifungal agents. Immediate pain relief and improved joint mobility observed. Prescribed a tapered course of oral corticosteroids and ongoing antifungal therapy. Advised on the potential side effects and cautioned against abrupt discontinuation of medication.

4. Operative note: Patient underwent synovial biopsy for histopathological examination in the context of mycoses-associated arthritis. Biopsy samples revealed chronic inflammation and fungal hyphae infiltration. Antifungal therapy initiated postoperatively, along with patient education on joint protection and self-care measures. Follow-up planned in six weeks for clinical assessment and treatment response evaluation.

5. Patient with mycoses-related arthritis underwent joint immobilization using a custom orthosis. The orthosis was designed to provide stability, reduce pain, and support joint healing. Patient instructed on proper orthosis usage, joint protection, and self-management strategies. Regular follow-up scheduled to assess the orthosis fit and evaluate treatment outcomes.

6. Operative note: Patient underwent joint arthroplasty for mycoses-related arthritis. Intraoperative assessment revealed extensive joint destruction and fungal invasion. Infected joint components removed, and prosthetic joint implanted. Postoperatively, initiated systemic antifungal therapy. Emphasized the importance of postoperative rehabilitation and adherence to antifungal treatment regimen.

7. Patient presented with acute flare-up of mycoses-associated arthritis. Administered intra-articular corticosteroid injection for symptom control. Initiated antifungal therapy to address underlying infection. Patient counseled on the potential benefits and risks of corticosteroid treatment, including the importance of infection monitoring. Follow-up scheduled in two weeks for evaluation of treatment response.

8. Operative note: Patient underwent joint synovectomy for mycoses-related arthritis. Intraoperative findings revealed proliferative synovitis and evidence of fungal colonization. Complete synovial excision achieved, and affected joint irrigated with antifungal solution. Postoperatively, initiated systemic antifungal therapy and recommended physical therapy for joint rehabilitation. Follow-up planned in four weeks.

9. Patient with mycoses-related arthritis underwent joint aspiration and synovial fluid analysis. The analysis confirmed the presence of fungal elements and elevated inflammatory markers. Initiated antifungal therapy and prescribed NSAIDs for pain relief. Advised patient on joint protection measures and encouraged regular follow-up for disease monitoring.

10. Operative note: Patient underwent joint fusion (arthrodesis) for mycoses-associated arthritis. Intraoperative examination revealed severe joint damage and persistent fungal infection. Achieved successful fusion using internal fixation. Postoperatively, initiated systemic antifungal therapy and instructed patient on postoperative care and rehabilitation. Follow-up planned in six weeks for radiographic assessment and functional evaluation.

1. Patient with mycoses-related arthritis underwent joint lavage and irrigation under local anesthesia. Intraoperative assessment revealed synovial thickening and purulent fluid, which were thoroughly cleaned. Postoperatively, patient started on systemic antifungal treatment. Emphasized the importance of infection control measures and adherence to medication regimen. Patient monitored closely for any adverse reactions or complications.

2. Operative note: Patient underwent arthroscopic synovial biopsy for mycoses-associated arthritis under regional anesthesia. Biopsy samples confirmed chronic inflammation and fungal infiltration. Antifungal therapy initiated postoperatively, along with appropriate pain management. Patient counseled on postoperative care, including joint protection and rehabilitation. Regular monitoring scheduled to assess treatment response and adjust the medication regimen if needed.

3. Patient presented with severe mycoses-related arthritis and opted for joint arthroplasty under general anesthesia. Intraoperative evaluation revealed extensive joint destruction and fungal invasion. Infected joint components removed, and prosthetic joint implanted. Postoperatively, systemic antifungal therapy initiated. Emphasized the importance of postoperative pain management and rehabilitation. Patient closely monitored for anesthesia-related complications.

4. Operative note: Patient underwent joint immobilization using a custom orthosis under local anesthesia. Orthosis applied to provide stability, pain relief, and support joint healing. Detailed instructions given on orthosis usage, joint protection, and self-care measures. Regular follow-up scheduled to assess the fit and effectiveness of the orthosis. Patient monitored for any local anesthesia-related side effects.

5. Patient with mycoses-associated arthritis underwent joint aspiration and corticosteroid injection under regional anesthesia. Immediate pain relief and improved joint mobility observed. Prescribed a tapered course of oral corticosteroids and ongoing antifungal therapy. Advised on the potential side effects and cautioned against abrupt discontinuation of medications. Close monitoring of anesthesia-related complications recommended.

6. Operative note: Patient underwent joint synovectomy for mycoses-related arthritis under general anesthesia. Intraoperative findings revealed proliferative synovitis and fungal colonization. Complete synovial excision achieved, and affected joint irrigated with antifungal solution. Postoperatively, initiated systemic antifungal therapy and recommended physical therapy for joint rehabilitation. Close monitoring of the patient's response to anesthesia and pain management ensured.

7. Patient presented with acute flare-up of mycoses-associated arthritis and underwent joint arthrocentesis under local anesthesia. Administered intra-articular corticosteroid injection for symptom control. Initiated antifungal therapy to address underlying infection. Patient counseled on the potential benefits and risks of corticosteroid treatment, including the importance of infection monitoring. Anesthesia dosage closely monitored to ensure patient comfort and safety.

8. Operative note: Patient underwent joint fusion (arthrodesis) for mycoses-related arthritis under regional anesthesia. Intraoperative examination revealed severe joint damage and persistent fungal infection. Successful fusion achieved using internal fixation. Postoperatively, initiated systemic antifungal therapy and instructed patient on postoperative care and rehabilitation. Anesthesia dosage carefully monitored throughout the procedure for optimal pain management and patient well-being.

9. Patient with mycoses-related arthritis underwent ultrasound-guided joint injection under local anesthesia. Combination of corticosteroids and antifungal agents injected into the affected joint. Immediate pain relief and improved joint function observed. Prescribed a tapered course of oral corticosteroids and ongoing antifungal therapy. Close monitoring of anesthesia-related complications and infection control measures recommended.

10. Operative note: Patient underwent joint debridement and lavage for mycoses-associated arthritis under general anesthesia. Intraoperative assessment revealed synovial thickening, erosions, and fungal invasion. Thorough debridement performed, and antifungal irrigation administered. Postoperatively, systemic antifungal therapy initiated. Emphasized the importance of postoperative pain management, joint protection, and adherence to antifungal treatment regimen. Anesthesia dosage closely monitored to ensure patient's comfort and safety.

1. Patient presented with advanced mycoses-related arthritis and significant bone erosion. Joint pain, deformity, and limited mobility observed. Initiated systemic antifungal therapy to control the infection and prescribed pain medication for symptom relief. Emphasized the need for joint protection and scheduled regular follow-up to monitor disease progression and adjust treatment accordingly.

2. Operative note: Patient underwent joint arthroplasty due to severe mycoses-associated arthritis with extensive bone erosion. Intraoperative assessment revealed erosive changes and fungal invasion. Infected joint components removed, and prosthetic joint implanted. Postoperatively, initiated systemic antifungal therapy. Stressed the importance of postoperative rehabilitation and adherence to antifungal treatment for optimal outcomes.

3. Patient with mycoses-related arthritis underwent joint aspiration and synovial fluid analysis, revealing evidence of bone erosion and fungal elements. Initiated aggressive antifungal therapy to halt disease progression and prevent further damage. Prescribed pain management medication and scheduled regular radiographic assessments to monitor bone erosion and joint stability.

4. Operative note: Patient underwent joint fusion (arthrodesis) for mycoses-related arthritis with severe bone erosion. Intraoperative examination confirmed extensive joint destruction and persistent fungal infection. Successful fusion achieved using internal fixation. Postoperatively, initiated systemic antifungal therapy and emphasized the need for postoperative pain management and rehabilitation. Regular follow-up planned for radiographic evaluation of bone fusion.

5. Patient presented with chronic mycoses-related arthritis and significant bone erosion. Initiated a combination therapy approach involving systemic antifungal treatment, disease-modifying antirheumatic drugs (DMARDs), and physical therapy. Regular monitoring of disease activity, joint function, and bone erosion advised. Adjustments to the treatment regimen made based on ongoing assessments and patient's response.

6. Operative note: Patient underwent joint debridement for mycoses-associated arthritis with visible bone erosion. Intraoperative findings revealed erosive changes and fungal infiltration. Thorough debridement performed, removing infected tissue and addressing bone erosion. Postoperatively, initiated systemic antifungal therapy and prescribed pain medication. Emphasized the importance of postoperative care and scheduled regular follow-up for disease monitoring.

7. Patient with mycoses-related arthritis and significant bone erosion underwent joint injection under ultrasound guidance. A combination of corticosteroids and antifungal agents injected into the affected joint to alleviate pain and inflammation. Emphasized the need for long-term systemic antifungal therapy and close monitoring of bone erosion progression. Regular follow-up planned to assess treatment response and adjust medication as needed.

8. Operative note: Patient underwent bone grafting procedure for mycoses-associated arthritis with extensive bone erosion. Intraoperative evaluation revealed significant loss of bone integrity. Bone grafts harvested from the patient's own body were used to reconstruct the eroded areas. Postoperatively, initiated systemic antifungal therapy and instructed patient on postoperative care and rehabilitation. Close monitoring of bone healing and erosion progression recommended.

9. Patient presented with worsening mycoses-related arthritis and progressive bone erosion. Decision made to initiate joint replacement surgery. Intraoperative assessment revealed extensive bone loss and fungal invasion. Infected joint components removed, and prosthetic joint implanted. Postoperatively, systemic antifungal therapy initiated. Emphasized the need for postoperative pain management, physical therapy, and long-term antifungal treatment.

10. Operative note: Patient underwent joint synovectomy and bone debridement for mycoses-associated arthritis with extensive bone erosion. Intraoperative findings confirmed erosive changes, fungal colonization, and bone destruction. Complete synovial excision and thorough debridement performed. Postoperatively, initiated systemic antifungal therapy and prescribed pain medication. Stressed the importance of postoperative rehabilitation and scheduled regular follow-up for disease monitoring and bone erosion assessment.

1. Patient presented with severe bone pain associated with mycoses-related arthritis. Pain localized to the affected joint and exacerbated by movement. Initiated systemic antifungal therapy and prescribed analgesics for pain management. Recommended rest, joint immobilization, and application of cold packs to alleviate symptoms. Regular follow-up planned to assess treatment response and adjust pain medication as needed.

2. Operative note: Patient underwent joint lavage and irrigation for mycoses-associated arthritis with severe bone pain. Intraoperative evaluation revealed erosive changes and fungal invasion. Thorough joint debridement performed, followed by antifungal irrigation. Postoperatively, initiated systemic antifungal therapy and prescribed potent analgesics for adequate pain relief. Emphasized the importance of postoperative pain management and scheduled regular follow-up.

3. Patient with mycoses-related arthritis presented with debilitating bone pain. Initiated a multimodal approach involving systemic antifungal therapy, analgesics, physical therapy, and adjunctive treatments such as transcutaneous electrical nerve stimulation (TENS) or acupuncture. Regular pain assessments and adjustments to the pain management regimen implemented based on the patient's response and pain severity.

4. Operative note: Patient underwent joint fusion (arthrodesis) for mycoses-associated arthritis with severe bone pain. Intraoperative examination confirmed extensive joint destruction and fungal infection. Successful fusion achieved using internal fixation. Postoperatively, initiated systemic antifungal therapy and prescribed potent analgesics for optimal pain control. Scheduled regular follow-up for pain assessment and adjustment of analgesic dosage.

5. Patient presented with excruciating bone pain attributed to mycoses-related arthritis. Initiated high-dose systemic antifungal therapy and prescribed strong opioid analgesics for adequate pain relief. Advised on the potential side effects and risks associated with opioid use. Regular pain assessments and monitoring of pain medication effectiveness implemented to ensure optimal pain management.

6. Operative note: Patient underwent joint debridement and bone debridement for mycoses-associated arthritis with severe bone pain. Intraoperative findings revealed extensive bone erosion and fungal invasion. Thorough debridement performed to remove infected tissue and alleviate pain. Postoperatively, initiated systemic antifungal therapy and prescribed potent analgesics. Emphasized the importance of postoperative pain management and scheduled regular follow-up for pain assessment.

7. Patient with mycoses-related arthritis presented with severe bone pain refractory to conservative measures. Decision made to proceed with joint replacement surgery. Intraoperative assessment revealed severe joint destruction and fungal colonization. Infected joint components removed, and prosthetic joint implanted. Postoperatively, initiated systemic antifungal therapy and prescribed strong analgesics for optimal pain control. Regular follow-up scheduled for pain assessment and adjustment of pain medication dosage.

8. Operative note: Patient underwent joint synovectomy and bone grafting procedure for mycoses-associated arthritis with severe bone pain. Intraoperative evaluation revealed extensive bone loss and fungal invasion. Complete synovial excision achieved, followed by bone grafting to promote bone healing and alleviate pain. Postoperatively, initiated systemic antifungal therapy and prescribed potent analgesics. Emphasized the importance of postoperative pain management and scheduled regular follow-up for pain assessment.

9. Patient presented with incapacitating bone pain due to mycoses-related arthritis. Initiated a multidisciplinary approach involving systemic antifungal therapy, non-opioid analgesics, adjuvant medications (such as gabapentin or antidepressants), physical therapy, and psychological support. Regular pain assessments and adjustments to the pain management plan made based on the patient's response and pain severity.

10. Operative note: Patient underwent joint immobilization using a custom orthosis for mycoses-associated arthritis with severe bone pain. Orthosis applied to provide stability, offload the joint, and alleviate pain. Patient instructed on orthosis usage, joint protection, and self-care measures. Regular follow-up planned to assess the effectiveness of pain relief and make necessary adjustments to the pain management plan.

1. Patient with mycoses-related arthritis underwent joint arthroscopy with synovectomy as a surgical intervention to address severe bone pain. Intraoperative assessment revealed synovial thickening, erosions, and fungal invasion. Thorough synovial excision performed, followed by antifungal irrigation. Postoperatively, systemic antifungal therapy initiated and potent analgesics prescribed for pain management. Regular follow-up scheduled for pain assessment and evaluation of surgical outcomes.

2. Operative note: Patient underwent joint denervation surgery for mycoses-associated arthritis with intractable bone pain. Intraoperative evaluation revealed severe bone erosion and fungal colonization. Denervation procedure performed to interrupt pain signals. Postoperatively, initiated systemic antifungal therapy and prescribed adjuvant pain medications. Emphasized the importance of postoperative pain management and scheduled regular follow-up for pain assessment.

3. Patient presented with unrelenting bone pain due to mycoses-related arthritis and opted for joint replacement surgery. Intraoperative assessment revealed extensive bone destruction and fungal invasion. Infected joint components removed, and prosthetic joint implanted to alleviate pain and improve joint function. Postoperatively, initiated systemic antifungal therapy and prescribed potent analgesics for pain control. Regular follow-up planned for pain assessment and evaluation of surgical outcomes.

4. Operative note: Patient underwent joint debridement and bone grafting as a surgical intervention for mycoses-associated arthritis with severe bone pain. Intraoperative findings revealed erosive changes, fungal colonization, and bone erosion. Thorough debridement performed, followed by bone grafting to promote bone healing and alleviate pain. Postoperatively, initiated systemic antifungal therapy and prescribed potent analgesics. Regular follow-up scheduled for pain assessment and evaluation of surgical outcomes.

5. Patient with mycoses-related arthritis underwent joint fusion (arthrodesis) as a surgical intervention for severe bone pain. Intraoperative examination confirmed extensive joint destruction and persistent fungal infection. Successful fusion achieved using internal fixation to stabilize the joint and eliminate painful motion. Postoperatively, initiated systemic antifungal therapy and prescribed strong analgesics for pain control. Regular follow-up planned for pain assessment and evaluation of surgical outcomes.

6. Operative note: Patient underwent joint irrigation and debridement with bone resection as a surgical intervention for mycoses-related arthritis with severe bone pain. Intraoperative evaluation revealed erosive changes, fungal invasion, and bone erosion. Thorough debridement performed, removing infected tissue and addressing bone erosion. Postoperatively, initiated systemic antifungal therapy and prescribed potent analgesics. Emphasized the importance of postoperative pain management and scheduled regular follow-up for pain assessment.

7. Patient presented with incapacitating bone pain due to mycoses-related arthritis and underwent joint denervation surgery as a surgical intervention. Denervation performed to interrupt pain signals and provide relief. Postoperatively, initiated systemic antifungal therapy and prescribed adjuvant pain medications. Regular follow-up scheduled for pain assessment and evaluation of surgical outcomes.

8. Operative note: Patient underwent joint synovectomy and bone debridement as a surgical intervention for mycoses-associated arthritis with severe bone pain. Intraoperative findings revealed extensive bone erosion and fungal invasion. Complete synovial excision achieved, followed by thorough bone debridement. Postoperatively, initiated systemic antifungal therapy and prescribed potent analgesics. Emphasized the importance of postoperative pain management and scheduled regular follow-up for pain assessment.

9. Patient with mycoses-related arthritis underwent joint arthroplasty as a surgical intervention to address severe bone pain and joint dysfunction. Intraoperative assessment revealed severe joint destruction and fungal invasion. Infected joint components removed, and prosthetic joint implanted for pain relief and functional restoration. Postoperatively, initiated systemic antifungal therapy and prescribed potent analgesics. Regular follow-up planned for pain assessment and evaluation of surgical outcomes.

10. Operative note: Patient underwent joint reconstruction surgery as a surgical intervention for mycoses-associated arthritis with severe bone pain. Intraoperative evaluation revealed significant bone erosion and fungal colonization. Joint reconstruction performed to restore joint alignment, alleviate pain, and improve joint function. Postoperatively, initiated systemic antifungal therapy and prescribed strong analgesics. Emphasized the importance of postoperative pain management and scheduled regular follow-up for pain assessment and evaluation of surgical outcomes.

1. Patient with mycoses-related arthritis underwent bone realignment surgery as a surgical intervention for severe bone pain. Intraoperative assessment revealed malalignment and significant bone erosion. Realignment procedure performed to restore proper bone positioning and alleviate pain. Postoperatively, initiated systemic antifungal therapy and prescribed potent analgesics. Regular follow-up planned for pain assessment and evaluation of surgical outcomes.

2. Operative note: Patient underwent joint resurfacing surgery as a surgical intervention for mycoses-associated arthritis with severe bone pain. Intraoperative evaluation revealed joint surface damage and fungal invasion. Resurfacing procedure performed to restore joint integrity and alleviate pain. Postoperatively, initiated systemic antifungal therapy and prescribed strong analgesics. Emphasized the importance of postoperative pain management and scheduled regular follow-up for pain assessment.

3. Patient presented with relentless bone pain due to mycoses-related arthritis and opted for joint neurolysis surgery as a surgical intervention. Neurolysis performed to release nerve entrapment and provide pain relief. Postoperatively, initiated systemic antifungal therapy and prescribed adjuvant pain medications. Regular follow-up planned for pain assessment and evaluation of surgical outcomes.

4. Operative note: Patient underwent joint osteotomy as a surgical intervention for mycoses-associated arthritis with severe bone pain. Intraoperative findings revealed malalignment and significant bone erosion. Osteotomy performed to correct the alignment and alleviate pain. Postoperatively, initiated systemic antifungal therapy and prescribed potent analgesics. Emphasized the importance of postoperative pain management and scheduled regular follow-up for pain assessment and evaluation of surgical outcomes.

5. Patient with mycoses-related arthritis underwent joint stabilization surgery as a surgical intervention for severe bone pain and joint instability. Intraoperative assessment revealed joint laxity and fungal invasion. Stabilization procedure performed to restore joint stability and alleviate pain. Postoperatively, initiated systemic antifungal therapy and prescribed strong analgesics. Regular follow-up planned for pain assessment and evaluation of surgical outcomes.

6. Operative note: Patient underwent bone grafting and reconstruction surgery as a surgical intervention for mycoses-associated arthritis with severe bone pain. Intraoperative evaluation revealed extensive bone loss and fungal colonization. Bone grafts harvested from the patient's own body used to reconstruct eroded areas. Postoperatively, initiated systemic antifungal therapy and prescribed potent analgesics. Emphasized the importance of postoperative pain management and scheduled regular follow-up for pain assessment.

7. Patient presented with incapacitating bone pain due to mycoses-related arthritis and opted for joint denervation with neuromodulation surgery as a surgical intervention. Denervation performed to interrupt pain signals, and neuromodulation utilized to provide long-term pain relief. Postoperatively, initiated systemic antifungal therapy and prescribed adjuvant pain medications. Regular follow-up scheduled for pain assessment and evaluation of surgical outcomes.

8. Operative note: Patient underwent joint decompression surgery as a surgical intervention for mycoses-associated arthritis with severe bone pain. Intraoperative findings revealed compression and fungal invasion. Decompression procedure performed to relieve pressure on affected structures and alleviate pain. Postoperatively, initiated systemic antifungal therapy and prescribed potent analgesics. Emphasized the importance of postoperative pain management and scheduled regular follow-up for pain assessment.

9. Patient with mycoses-related arthritis underwent joint arthroscopy with cartilage restoration surgery as a surgical intervention for severe bone pain and joint dysfunction. Intraoperative assessment revealed cartilage damage and fungal invasion. Arthroscopic procedure performed to remove damaged cartilage and restore joint function. Postoperatively, initiated systemic antifungal therapy and prescribed strong analgesics. Regular follow-up planned for pain assessment and evaluation of surgical outcomes.

10. Operative note: Patient underwent joint release surgery as a surgical intervention for mycoses-associated arthritis with severe bone pain. Intraoperative evaluation revealed joint contracture and fungal invasion. Release procedure performed to relieve joint stiffness and alleviate pain. Postoperatively, initiated systemic antifungal therapy and prescribed potent analgesics. Emphasized the importance of postoperative pain management and scheduled regular follow-up for pain assessment and evaluation of surgical outcomes.

1. Patient presented with a severe infection on the extremity's highly mobile joint due to mycoses-associated arthritis. The infection caused excruciating pain, swelling, and limited joint mobility. Urgent surgical intervention performed, including extensive debridement, irrigation, and removal of infected tissue. Initiated aggressive systemic antifungal therapy and administered intravenous antibiotics. Emphasized the importance of postoperative wound care, infection control measures, and scheduled close monitoring.

2. Operative note: Patient underwent joint arthroscopy with debridement and lavage for a severe infection on the highly mobile joint caused by mycoses-related arthritis. Intraoperative assessment revealed extensive fungal colonization and purulent material. Thorough debridement performed, followed by antifungal irrigation. Postoperatively, initiated systemic antifungal therapy and prescribed potent analgesics for pain management. Scheduled regular follow-up for wound assessment and treatment response evaluation.

3. Patient with a severe infection on the highly mobile joint due to mycoses-related arthritis underwent open joint debridement and extensive synovectomy as a surgical intervention. Intraoperative findings revealed extensive fungal invasion and purulent fluid. Aggressive debridement and removal of infected tissues performed. Postoperatively, initiated systemic antifungal therapy, administered intravenous antibiotics, and prescribed potent analgesics. Emphasized the importance of wound care, infection control, and scheduled regular follow-up for response assessment.

4. Operative note: Patient underwent joint fusion surgery as a surgical intervention for a severe infection on the highly mobile joint caused by mycoses-associated arthritis. Intraoperative evaluation revealed extensive joint destruction, fungal invasion, and purulent material. Joint fusion achieved using internal fixation to stabilize the joint and eradicate the infection source. Postoperatively, initiated systemic antifungal therapy, administered intravenous antibiotics, and prescribed strong analgesics. Emphasized the importance of postoperative wound care and infection control measures.

5. Patient presented with an extreme infection on the highly mobile joint due to mycoses-associated arthritis, resulting in intense pain and joint dysfunction. Urgent joint irrigation and debridement performed to remove infected tissue and control the infection. Initiated aggressive systemic antifungal therapy and administered intravenous antibiotics. Emphasized the importance of wound care, strict infection control measures, and scheduled close monitoring for treatment response.

6. Operative note: Patient underwent joint replacement surgery as a surgical intervention for an extreme infection on the highly mobile joint caused by mycoses-related arthritis. Intraoperative findings revealed extensive joint destruction, fungal colonization, and purulent material. Infected joint components removed, and prosthetic joint implanted to eradicate the infection and restore joint function. Postoperatively, initiated systemic antifungal therapy, administered intravenous antibiotics, and prescribed potent analgesics. Emphasized the importance of wound care and infection control.

7. Patient with an extreme infection on the highly mobile joint due to mycoses-related arthritis underwent joint salvage procedure as a surgical intervention. Intraoperative assessment revealed extensive fungal invasion, purulent material, and compromised joint integrity. Salvage procedure performed to remove infected tissues and restore joint stability. Postoperatively, initiated systemic antifungal therapy, administered intravenous antibiotics, and prescribed strong analgesics. Scheduled regular follow-up for wound healing assessment and treatment response evaluation.

8. Operative note: Patient underwent joint amputation as a surgical intervention for an extreme infection on the highly mobile joint caused by mycoses-associated arthritis. Intraoperative findings revealed extensive fungal colonization, purulent material, and irreparable joint damage. Amputation performed to eradicate the infection source and relieve pain. Postoperatively, initiated systemic antifungal therapy, administered intravenous antibiotics, and prescribed potent analgesics. Emphasized the importance of postoperative wound care and rehabilitation.

9. Patient presented with a severe infection on the highly mobile joint due to mycoses-associated arthritis, resulting in severe pain, redness, and swelling. Urgent surgical intervention performed, including joint debridement, lavage, and placement of antibiotic-impregnated cement beads. Initiated aggressive systemic antifungal therapy and administered intravenous antibiotics. Emphasized the importance of wound care, infection control measures, and scheduled close monitoring for treatment response.

10. Operative note: Patient underwent joint fusion with extensive debridement as a surgical intervention for an extreme infection on the highly mobile joint caused by mycoses-related arthritis. Intraoperative evaluation revealed extensive fungal invasion, purulent material, and joint instability. Joint fusion achieved using internal fixation to stabilize the joint and eradicate the infection. Postoperatively, initiated systemic antifungal therapy, administered intravenous antibiotics, and prescribed potent analgesics. Emphasized the importance of wound care, infection control, and scheduled regular follow-up for treatment response evaluation.

1. Patient presented with severe joint inflammation associated with mycoses-related arthritis. Joint was swollen, warm to the touch, and highly tender. Initiated systemic antifungal therapy and prescribed anti-inflammatory medications to reduce inflammation. Advised rest, ice, compression, and elevation (RICE) technique for symptom relief. Scheduled regular follow-up for monitoring of inflammation markers and treatment response.

2. Operative note: Patient underwent joint synovectomy for mycoses-associated arthritis with intense inflammation. Intraoperative assessment revealed marked synovial thickening and hyperemia. Complete synovial excision achieved to reduce inflammation and control the infection. Postoperatively, initiated systemic antifungal therapy and prescribed anti-inflammatory medications. Emphasized the importance of postoperative rehabilitation and scheduled regular follow-up for inflammation monitoring.

3. Patient with mycoses-related arthritis presented with acute exacerbation of joint inflammation. Initiated a combination therapy approach involving systemic antifungal treatment, corticosteroids for short-term inflammation control, and physical therapy. Regular monitoring of inflammation markers and joint function advised. Adjustments to the treatment regimen made based on ongoing assessments and response to therapy.

4. Operative note: Patient underwent joint irrigation and debridement for mycoses-associated arthritis with severe joint inflammation. Intraoperative findings revealed inflamed synovium and purulent material. Thorough debridement performed to remove infected tissue and reduce inflammation. Postoperatively, initiated systemic antifungal therapy and prescribed anti-inflammatory medications. Emphasized the importance of postoperative pain management and scheduled regular follow-up for inflammation assessment.

5. Patient presented with chronic mycoses-related arthritis and persistent joint inflammation. Initiated a comprehensive treatment plan including systemic antifungal therapy, disease-modifying antirheumatic drugs (DMARDs) for long-term inflammation control, and physical therapy. Regular monitoring of inflammation markers and joint function advised. Adjustments to the treatment regimen made based on ongoing assessments and disease activity.

6. Operative note: Patient underwent joint fusion (arthrodesis) for mycoses-related arthritis with severe joint inflammation. Intraoperative evaluation revealed inflamed joint surfaces and erosive changes. Joint fusion performed to stabilize the joint, eliminate pain, and reduce inflammation. Postoperatively, initiated systemic antifungal therapy and prescribed anti-inflammatory medications. Emphasized the importance of postoperative pain management and scheduled regular follow-up for inflammation monitoring.

7. Patient with mycoses-related arthritis underwent joint injection with corticosteroids and antifungal agents for inflammation control. Immediate reduction in joint swelling and inflammation observed. Prescribed a tapered course of oral corticosteroids and ongoing systemic antifungal therapy. Scheduled regular follow-up for inflammation assessment and adjustment of medication regimen.

8. Operative note: Patient underwent joint arthroplasty for mycoses-associated arthritis with severe joint inflammation. Intraoperative assessment revealed inflamed joint tissues and significant erosions. Infected joint components removed, and prosthetic joint implanted to alleviate inflammation and improve joint function. Postoperatively, initiated systemic antifungal therapy and prescribed anti-inflammatory medications. Emphasized the importance of postoperative pain management and scheduled regular follow-up for inflammation monitoring.

9. Patient presented with severe joint inflammation due to mycoses-related arthritis and opted for joint denervation surgery. Denervation performed to interrupt pain signals and reduce inflammation. Postoperatively, initiated systemic antifungal therapy and prescribed anti-inflammatory medications. Regular follow-up scheduled for inflammation assessment and adjustment of pain management regimen.

10. Operative note: Patient underwent joint debridement and synovial biopsy for mycoses-associated arthritis with intense inflammation. Intraoperative findings revealed inflamed synovium and active fungal invasion. Thorough debridement performed, and synovial biopsy obtained for histopathological examination. Postoperatively, initiated systemic antifungal therapy and prescribed anti-inflammatory medications. Emphasized the importance of postoperative pain management and scheduled regular follow-up for inflammation monitoring.

1. Patient diagnosed with mild mycoses-related arthritis. Initiated systemic antifungal therapy and prescribed nonsteroidal anti-inflammatory drugs (NSAIDs) for pain management. Scheduled a follow-up in six weeks to assess treatment response and adjust the medication regimen based on disease severity.

2. Patient diagnosed with moderate mycoses-related arthritis. Initiated systemic antifungal therapy and prescribed disease-modifying antirheumatic drugs (DMARDs) for inflammation control. Scheduled a follow-up in four weeks to evaluate treatment response, assess disease activity, and consider adjustments to the treatment plan.

3. Patient diagnosed with severe mycoses-related arthritis. Initiated aggressive systemic antifungal therapy, prescribed high-dose corticosteroids for inflammation control, and recommended physical therapy for joint rehabilitation. Scheduled a follow-up in two weeks to closely monitor treatment response, assess disease activity, and make necessary adjustments to the treatment regimen.

4. Patient diagnosed with mild mycoses-related arthritis with limited joint involvement. Initiated localized antifungal therapy, such as topical creams or ointments, and prescribed NSAIDs for pain relief. Scheduled a follow-up in eight weeks to evaluate treatment response, assess joint function, and consider additional interventions if necessary.

5. Patient diagnosed with moderate mycoses-related arthritis with multiple affected joints. Initiated systemic antifungal therapy, prescribed DMARDs for inflammation control, and recommended physical therapy for joint mobility and strength. Scheduled a follow-up in six weeks to assess treatment response, evaluate disease activity, and adjust the treatment plan based on the severity of joint involvement.

6. Patient diagnosed with severe mycoses-related arthritis with extensive joint damage and functional limitations. Initiated aggressive systemic antifungal therapy, prescribed high-dose corticosteroids, and referred for surgical consultation for potential joint replacement. Scheduled a follow-up in four weeks to monitor treatment response, assess disease activity, and determine the need for surgical intervention.

7. Patient diagnosed with mild mycoses-related arthritis with isolated joint involvement. Initiated localized antifungal therapy, recommended joint immobilization using a splint or brace, and prescribed NSAIDs for pain management. Scheduled a follow-up in ten weeks to evaluate treatment response, assess joint stability, and consider further interventions based on disease progression.

8. Patient diagnosed with moderate mycoses-related arthritis with significant joint inflammation and functional impairment. Initiated systemic antifungal therapy, prescribed DMARDs, and referred for physical therapy and occupational therapy. Scheduled a follow-up in six weeks to assess treatment response, evaluate disease activity, and determine the need for additional interventions based on the severity of symptoms and joint function.

9. Patient diagnosed with severe mycoses-related arthritis with systemic manifestations and severe joint involvement. Initiated aggressive systemic antifungal therapy, prescribed high-dose corticosteroids, and referred for rheumatology consultation. Scheduled a follow-up in two weeks to closely monitor treatment response, assess disease activity, and determine the need for further interventions or hospitalization based on the severity of symptoms and systemic involvement.

10. Patient diagnosed with mild mycoses-related arthritis with early joint inflammation. Initiated systemic antifungal therapy and prescribed lifestyle modifications, such as weight management and joint-friendly exercises. Scheduled a follow-up in twelve weeks to evaluate treatment response, assess disease progression, and consider additional interventions if required based on the severity of symptoms and joint involvement.

## M01.8 Arthritis in other infectious and parasitic diseases classified elsewhere

1. Operative note: Patient underwent joint arthroscopy for arthritis associated with other infectious and parasitic diseases classified elsewhere. Intraoperative assessment revealed synovial inflammation and joint effusion. Thorough synovial debridement performed, followed by antiseptic irrigation. Postoperatively, initiated appropriate antimicrobial therapy targeting the underlying infectious agent. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

2. Patient with arthritis related to other infectious and parasitic diseases underwent joint lavage and drainage under local anesthesia. Intraoperative examination revealed purulent joint fluid and synovial inflammation. Thorough irrigation and drainage performed to remove infectious material. Postoperatively, initiated specific antimicrobial therapy tailored to the identified infectious agent. Emphasized the importance of adherence to the treatment regimen and scheduled regular follow-up for infection control and joint evaluation.

3. Operative note: Patient underwent joint synovectomy for arthritis associated with other infectious and parasitic diseases classified elsewhere. Intraoperative findings revealed hypertrophic synovium and inflammatory infiltrates. Complete synovial excision achieved to alleviate joint inflammation. Postoperatively, initiated specific antimicrobial therapy targeting the underlying infectious agent. Emphasized the importance of postoperative wound care, infection control, and scheduled regular follow-up for treatment response and joint function assessment.

4. Patient presented with severe arthritis attributed to other infectious and parasitic diseases classified elsewhere. Opted for joint fusion surgery to stabilize the affected joint and alleviate pain. Intraoperative evaluation revealed joint destruction and chronic inflammation. Joint fusion achieved using internal fixation. Postoperatively, initiated appropriate antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function evaluation.

5. Operative note: Patient underwent joint debridement and irrigation for arthritis associated with other infectious and parasitic diseases classified elsewhere. Intraoperative assessment revealed purulent joint fluid and inflamed synovium. Thorough debridement performed to remove infectious material. Postoperatively, initiated specific antimicrobial therapy targeting the identified infectious agent. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

6. Patient with arthritis related to other infectious and parasitic diseases underwent joint aspiration and corticosteroid injection under ultrasound guidance. Immediate reduction in joint inflammation and pain observed. Prescribed a tapered course of oral corticosteroids and initiated specific antimicrobial therapy targeting the underlying infectious agent. Scheduled regular follow-up for infection control and joint evaluation.

7. Operative note: Patient underwent joint immobilization using a custom orthosis for arthritis associated with other infectious and parasitic diseases classified elsewhere. Orthosis applied to provide joint stability and support during the healing process. Instructed on orthosis usage, joint protection, and self-care measures. Regular follow-up planned for orthosis assessment and infection control.

8. Patient presented with recurrent arthritis attributed to other infectious and parasitic diseases classified elsewhere. Opted for joint replacement surgery to improve joint function and alleviate chronic inflammation. Intraoperative assessment revealed joint destruction and synovial inflammation. Infected joint components removed, and prosthetic joint implanted. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function evaluation.

9. Operative note: Patient underwent joint denervation surgery for arthritis associated with other infectious and parasitic diseases classified elsewhere. Denervation performed to interrupt pain signals and reduce inflammation. Postoperatively, initiated specific antimicrobial therapy targeting the underlying infectious agent. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint evaluation.

10. Patient with arthritis related to other infectious and parasitic diseases underwent joint fusion with extensive debridement as a surgical intervention. Intraoperative findings revealed chronic inflammation and joint destruction. Joint fusion achieved using internal fixation to stabilize the joint and eliminate pain. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control, and scheduled regular follow-up for treatment response and joint function evaluation.

1. Patient diagnosed with arthritis related to other infectious and parasitic diseases underwent joint synovial biopsy for further evaluation. Intraoperative assessment revealed synovial inflammation and possible infectious agents. Biopsy samples obtained for histopathological examination and culture. Postoperatively, initiated specific antimicrobial therapy based on culture results. Scheduled regular follow-up for infection control, treatment response, and joint evaluation.

2. Operative note: Patient underwent joint irrigation and debridement for arthritis associated with other infectious and parasitic diseases classified elsewhere. Intraoperative findings revealed purulent joint fluid and inflamed synovium. Thorough irrigation performed to remove infectious material and improve joint inflammation. Postoperatively, initiated specific antimicrobial therapy targeting the identified infectious agent. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

3. Patient presented with chronic arthritis attributed to other infectious and parasitic diseases. Opted for joint arthroplasty to alleviate pain and improve joint function. Intraoperative evaluation revealed joint destruction and chronic inflammation. Infected joint components removed, and prosthetic joint implanted. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function assessment.

4. Operative note: Patient underwent joint debridement and antibiotic bead placement for arthritis associated with other infectious and parasitic diseases classified elsewhere. Intraoperative assessment revealed purulent joint fluid and synovial inflammation. Thorough debridement performed, followed by the placement of antibiotic-loaded beads to deliver targeted antimicrobial therapy. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint evaluation.

5. Patient with arthritis related to other infectious and parasitic diseases underwent joint injection with corticosteroids and antimicrobial agents for inflammation and infection control. Immediate reduction in joint inflammation and infection observed. Prescribed a tapered course of oral corticosteroids and initiated specific antimicrobial therapy. Scheduled regular follow-up for infection control and joint evaluation.

6. Operative note: Patient underwent joint synovectomy and debridement for arthritis associated with other infectious and parasitic diseases classified elsewhere. Intraoperative findings revealed hypertrophic synovium and purulent material. Complete synovial excision and thorough debridement performed to alleviate inflammation and control infection. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control, and scheduled regular follow-up for treatment response and joint function evaluation.

7. Patient presented with recurrent arthritis attributed to other infectious and parasitic diseases. Opted for joint fusion surgery to eliminate chronic inflammation and stabilize the joint. Intraoperative evaluation revealed joint destruction and persistent synovial inflammation. Joint fusion achieved using internal fixation. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function evaluation.

8. Operative note: Patient underwent joint immobilization using a splint or brace for arthritis associated with other infectious and parasitic diseases classified elsewhere. Splint applied to provide joint stability and support during the healing process. Instructed on splint usage, joint protection, and self-care measures. Regular follow-up planned for splint assessment, infection control, and joint evaluation.

9. Patient diagnosed with severe arthritis related to other infectious and parasitic diseases underwent joint denervation surgery as a therapeutic intervention. Denervation performed to interrupt pain signals and reduce chronic inflammation. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

10. Operative note: Patient underwent joint reconstruction surgery for arthritis associated with other infectious and parasitic diseases classified elsewhere. Intraoperative findings revealed joint instability and chronic inflammation. Joint reconstruction performed to restore joint stability and alleviate inflammation. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control, and scheduled regular follow-up for treatment response and joint function evaluation.

1. Operative note: Patient underwent joint arthroscopy under local anesthesia with sedation for arthritis associated with other infectious and parasitic diseases classified elsewhere. Intraoperative assessment revealed synovial inflammation and joint effusion. Thorough synovial debridement performed. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

2. Patient with arthritis related to other infectious and parasitic diseases underwent joint lavage and drainage under regional anesthesia. Intraoperative examination revealed purulent joint fluid and synovial inflammation. Thorough irrigation and drainage performed to remove infectious material. Postoperatively, initiated specific antimicrobial therapy targeting the identified infectious agent. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint evaluation.

3. Operative note: Patient underwent joint synovectomy under general anesthesia for arthritis associated with other infectious and parasitic diseases classified elsewhere. Intraoperative findings revealed hypertrophic synovium and inflammatory infiltrates. Complete synovial excision achieved. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control, and scheduled regular follow-up for treatment response and joint function assessment.

4. Patient presented with severe arthritis attributed to other infectious and parasitic diseases. Opted for joint fusion surgery under spinal anesthesia to stabilize the affected joint and alleviate pain. Intraoperative evaluation revealed joint destruction and chronic inflammation. Joint fusion achieved using internal fixation. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function evaluation.

5. Operative note: Patient underwent joint debridement and irrigation under moderate sedation for arthritis associated with other infectious and parasitic diseases classified elsewhere. Intraoperative assessment revealed purulent joint fluid and inflamed synovium. Thorough debridement performed to remove infectious material. Postoperatively, initiated specific antimicrobial therapy targeting the identified infectious agent. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

6. Patient with arthritis related to other infectious and parasitic diseases underwent joint aspiration and corticosteroid injection under local anesthesia. Immediate reduction in joint inflammation and pain observed. Prescribed a tapered course of oral corticosteroids and initiated specific antimicrobial therapy. Scheduled regular follow-up for infection control and joint evaluation.

7. Operative note: Patient underwent joint immobilization using a custom orthosis under regional anesthesia for arthritis associated with other infectious and parasitic diseases classified elsewhere. Orthosis applied to provide joint stability and support during the healing process. Instructed on orthosis usage, joint protection, and self-care measures. Regular follow-up planned for orthosis assessment, infection control, and joint evaluation.

8. Patient presented with recurrent arthritis attributed to other infectious and parasitic diseases. Opted for joint replacement surgery under general anesthesia to improve joint function and alleviate chronic inflammation. Intraoperative assessment revealed joint destruction and synovial inflammation. Infected joint components removed, and prosthetic joint implanted. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function assessment.

9. Operative note: Patient underwent joint denervation surgery under local anesthesia with sedation for arthritis associated with other infectious and parasitic diseases classified elsewhere. Denervation performed to interrupt pain signals and reduce inflammation. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for

pain control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

10. Patient diagnosed with mild arthritis related to other infectious and parasitic diseases underwent joint reconstruction surgery under regional anesthesia. Intraoperative findings revealed joint instability and chronic inflammation. Joint reconstruction performed to restore joint stability and alleviate inflammation. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control, and scheduled regular follow-up for treatment response and joint function evaluation.

1. Operative note: Patient with arthritis related to other infectious and parasitic diseases underwent joint arthroscopy with debridement and synovectomy for severe joint inflammation and bone erosion. Intraoperative assessment revealed erosive changes and synovial thickening. Thorough debridement performed to remove infected tissue and alleviate inflammation. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control, and scheduled regular follow-up for treatment response, bone healing, and joint function evaluation.

2. Patient presented with arthritis attributed to other infectious and parasitic diseases, resulting in joint inflammation and significant bone erosion. Opted for joint replacement surgery to alleviate pain and restore joint function. Intraoperative evaluation revealed extensive bone loss and erosive changes. Infected joint components removed, and prosthetic joint implanted. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, bone remodeling, and joint function assessment.

3. Operative note: Patient underwent joint debridement and bone grafting for arthritis associated with other infectious and parasitic diseases, resulting in bone erosion. Intraoperative findings revealed extensive bone destruction and purulent material. Thorough debridement performed, followed by bone grafting to promote bone healing and restore joint integrity. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control, bone healing, and scheduled regular follow-up for treatment response and joint function evaluation.

4. Patient with arthritis related to other infectious and parasitic diseases underwent joint fusion surgery for severe joint inflammation and bone erosion. Intraoperative evaluation revealed erosive changes and compromised joint stability. Joint fusion achieved using internal fixation to stabilize the joint, promote bone healing, and alleviate pain. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, bone remodeling, wound healing, and joint function assessment.

5. Operative note: Patient underwent joint reconstruction surgery for arthritis associated with other infectious and parasitic diseases, resulting in severe joint inflammation and bone erosion. Intraoperative assessment revealed extensive bone loss and erosive changes. Joint reconstruction performed to restore joint stability, promote bone healing, and alleviate inflammation. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control, bone remodeling, and scheduled regular follow-up for treatment response and joint function evaluation.

6. Patient presented with severe arthritis attributed to other infectious and parasitic diseases, resulting in significant joint inflammation and extensive bone erosion. Opted for joint denervation surgery to interrupt pain signals and alleviate inflammation. Intraoperative evaluation revealed erosive changes and synovial thickening. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, bone remodeling, wound healing, and joint function assessment.

7. Operative note: Patient underwent joint irrigation and debridement with bone resection for arthritis associated with other infectious and parasitic diseases, resulting in bone erosion. Intraoperative findings revealed erosive changes, infected tissue, and bone destruction. Thorough debridement performed, removing infected tissue and addressing bone erosion. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control, bone healing, and scheduled regular follow-up for treatment response and joint function evaluation.

8. Patient with arthritis related to other infectious and parasitic diseases underwent joint synovectomy and bone debridement for severe joint inflammation and extensive bone erosion. Intraoperative assessment revealed erosive changes, inflamed synovium, and purulent material. Complete synovial excision achieved, followed by bone debridement to remove infected and eroded tissue. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, bone remodeling, wound healing, and joint function assessment.

9. Operative note: Patient underwent joint immobilization with bone realignment for arthritis associated with other infectious and parasitic diseases, resulting in bone erosion. Intraoperative evaluation revealed erosive changes, malalignment, and compromised joint stability. Joint immobilization achieved using external fixation to promote bone healing and alleviate inflammation. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control, bone remodeling, and scheduled regular follow-up for treatment response and joint function evaluation.

10. Patient presented with chronic arthritis attributed to other infectious and parasitic diseases, resulting in persistent joint inflammation and progressive bone erosion. Opted for joint fusion surgery to stabilize the joint and alleviate pain. Intraoperative evaluation revealed erosive changes and joint instability. Joint fusion achieved using internal fixation to promote bone healing and eliminate movement-induced inflammation. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, bone remodeling, wound healing, and joint function assessment.

1. Operative note: Patient with severe bone pain associated with arthritis related to other infectious and parasitic diseases underwent joint arthroscopy with debridement and synovectomy. Intraoperative assessment revealed extensive synovial inflammation and erosive changes. Thorough debridement performed to alleviate inflammation and remove infected tissue. Postoperatively, initiated specific antimicrobial therapy and prescribed potent analgesics for severe bone pain control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

2. Patient presented with excruciating bone pain attributed to arthritis related to other infectious and parasitic diseases. Opted for joint fusion surgery to stabilize the joint and alleviate severe bone pain. Intraoperative evaluation revealed erosive changes and compromised joint integrity. Joint fusion achieved using internal fixation to promote bone healing and eliminate pain. Postoperatively, initiated specific antimicrobial therapy and prescribed potent analgesics for severe bone pain control. Scheduled regular follow-up for infection control, bone healing, and joint function assessment.

3. Operative note: Patient underwent joint debridement and bone grafting for severe bone pain associated with arthritis related to other infectious and parasitic diseases. Intraoperative findings revealed erosive changes and extensive bone loss. Thorough debridement performed, followed by bone grafting to restore bone integrity and alleviate severe bone pain. Postoperatively, initiated specific antimicrobial therapy and prescribed potent analgesics for severe bone pain control. Emphasized the importance of postoperative wound care, infection control, bone healing, and scheduled regular follow-up for treatment response and joint function evaluation.

4. Patient with severe bone pain attributed to arthritis related to other infectious and parasitic diseases underwent joint replacement surgery. Intraoperative evaluation revealed erosive changes and significant joint deterioration. Infected joint components removed, and prosthetic joint implanted to alleviate severe bone pain and improve joint function. Postoperatively, initiated specific antimicrobial therapy and prescribed potent analgesics for severe bone pain control. Scheduled regular follow-up for infection control, bone healing, wound healing, and joint function assessment.

5. Operative note: Patient underwent joint denervation surgery for severe bone pain associated with arthritis related to other infectious and parasitic diseases. Intraoperative assessment revealed erosive changes and persistent bone inflammation. Denervation performed to interrupt pain signals and alleviate severe bone pain. Postoperatively, initiated specific antimicrobial therapy and prescribed potent analgesics for severe bone pain control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

6. Patient presented with intractable bone pain attributed to arthritis related to other infectious and parasitic diseases. Opted for joint immobilization using a custom orthosis to alleviate severe bone pain and provide joint stability. Instructed on orthosis usage and joint protection. Prescribed potent analgesics for severe bone pain control. Scheduled regular follow-up for infection control, bone healing, and joint function assessment.

7. Operative note: Patient underwent joint irrigation and debridement with bone resection for severe bone pain associated with arthritis related to other infectious and parasitic diseases. Intraoperative findings revealed erosive changes, infected tissue, and bone destruction. Thorough debridement performed to remove infected tissue and address severe bone pain. Postoperatively, initiated specific antimicrobial therapy and prescribed potent analgesics for severe bone pain control. Emphasized the importance of postoperative wound care, infection control measures, bone healing, and scheduled regular follow-up for treatment response and joint function evaluation.

8. Patient with severe bone pain attributed to arthritis related to other infectious and parasitic diseases underwent joint synovectomy and bone debridement. Intraoperative assessment revealed erosive changes, inflamed synovium, and purulent material. Complete synovial excision achieved, followed by bone debridement to alleviate severe bone pain and remove infected and eroded tissue. Postoperatively, initiated specific antimicrobial therapy and prescribed potent analgesics for severe bone pain control. Scheduled regular follow-up for infection control, bone healing, wound healing, and joint function assessment.

9. Operative note: Patient underwent joint immobilization with bone realignment for severe bone pain associated with arthritis related to other infectious and parasitic diseases. Intraoperative evaluation revealed erosive changes, malalignment, and compromised joint stability. Joint immobilization achieved using external fixation to promote bone healing and alleviate severe bone pain. Postoperatively, initiated specific antimicrobial therapy and prescribed potent analgesics for severe bone pain control. Emphasized the importance of postoperative wound care, infection control measures, bone remodeling, and scheduled regular follow-up for treatment response and joint function evaluation.

10. Patient diagnosed with severe bone pain attributed to arthritis related to other infectious and parasitic diseases underwent joint fusion surgery. Intraoperative evaluation revealed erosive changes and severe joint inflammation. Joint fusion achieved using internal fixation to stabilize the joint, promote bone healing, and alleviate severe bone pain. Postoperatively, initiated specific antimicrobial therapy and prescribed potent analgesics for severe bone pain control. Scheduled regular follow-up for infection control, bone remodeling, wound healing, and joint function assessment.

1. Operative note: Patient underwent joint arthroscopy with surgical debridement and synovectomy as a surgical intervention for arthritis related to other infectious and parasitic diseases. Intraoperative assessment revealed severe joint inflammation and erosive changes. Thorough debridement performed to remove infected tissue and alleviate inflammation. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

2. Patient presented with advanced arthritis attributed to other infectious and parasitic diseases. Opted for joint replacement surgery as a surgical intervention to alleviate pain and restore joint function. Intraoperative evaluation revealed severe bone erosion and joint deterioration. Infected joint components removed, and prosthetic joint implanted. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function assessment.

3. Operative note: Patient underwent joint fusion surgery as a surgical intervention for arthritis associated with other infectious and parasitic diseases. Intraoperative assessment revealed severe joint inflammation and erosive changes. Joint fusion achieved using internal fixation to stabilize the joint, eliminate pain, and improve joint function. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control, and scheduled regular follow-up for treatment response and joint function evaluation.

4. Patient with refractory arthritis related to other infectious and parasitic diseases underwent joint denervation surgery as a surgical intervention to interrupt pain signals and alleviate inflammation. Intraoperative evaluation revealed severe joint inflammation and erosive changes. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

5. Operative note: Patient underwent joint irrigation and debridement with bone resection as a surgical intervention for severe arthritis associated with other infectious and parasitic diseases. Intraoperative findings revealed severe joint inflammation, erosive changes, and infected tissue. Thorough debridement performed to remove infected tissue and address erosive bone changes. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function assessment.

6. Patient presented with severe arthritis attributed to other infectious and parasitic diseases and opted for joint synovectomy as a surgical intervention. Intraoperative assessment revealed severe joint inflammation and erosive changes. Complete synovial excision achieved to alleviate inflammation and remove affected tissue. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function evaluation.

7. Operative note: Patient underwent joint immobilization with bone realignment as a surgical intervention for severe arthritis associated with other infectious and parasitic diseases. Intraoperative evaluation revealed severe joint inflammation, erosive changes, and malalignment. Joint immobilization achieved using external fixation to promote bone healing and alleviate inflammation. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, bone remodeling, and scheduled regular follow-up for treatment response and joint function evaluation.

8. Patient with advanced arthritis related to other infectious and parasitic diseases underwent joint reconstruction surgery as a surgical intervention. Intraoperative evaluation revealed severe joint inflammation, erosive changes, and compromised joint function. Joint reconstruction performed to restore joint stability, alleviate inflammation, and improve joint function. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function assessment.

9. Operative note: Patient underwent joint debridement and bone grafting as a surgical intervention for severe arthritis associated with other infectious and parasitic diseases. Intraoperative findings revealed severe joint inflammation, erosive changes, and bone loss. Thorough debridement performed, followed by bone grafting to restore bone integrity and alleviate inflammation. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control, bone healing, and scheduled regular follow-up for treatment response and joint function evaluation.

10. Patient presented with chronic and severe arthritis attributed to other infectious and parasitic diseases and opted for joint revision surgery as a surgical intervention. Intraoperative evaluation revealed severe joint inflammation, erosive changes, and prosthetic joint failure. Infected joint components removed, and revision joint implantation performed to restore joint stability and alleviate pain. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function assessment.

1. Operative note: Patient underwent joint osteotomy as a surgical intervention for severe arthritis related to other infectious and parasitic diseases. Intraoperative assessment revealed severe joint inflammation, erosive changes, and malalignment. Osteotomy performed to correct the joint alignment and alleviate pain. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

2. Patient with advanced arthritis attributed to other infectious and parasitic diseases underwent joint resection arthroplasty as a surgical intervention to address severe joint inflammation and erosive changes. Intraoperative evaluation revealed significant joint destruction and bone erosion. Resection arthroplasty performed to remove the damaged joint surfaces and provide pain relief. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function assessment.

3. Operative note: Patient underwent joint cartilage repair surgery as a surgical intervention for severe arthritis associated with other infectious and parasitic diseases. Intraoperative findings revealed severe joint inflammation, erosive changes, and cartilage defects. Cartilage repair procedures performed to restore joint integrity and alleviate pain. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control, and scheduled regular follow-up for treatment response and joint function evaluation.

4. Patient presented with severe arthritis related to other infectious and parasitic diseases and opted for joint resurfacing surgery as a surgical intervention. Intraoperative assessment revealed severe joint inflammation, erosive changes, and compromised joint surfaces. Resurfacing performed to restore joint function and alleviate pain. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function assessment.

5. Operative note: Patient underwent joint tenotomy as a surgical intervention for severe arthritis associated with other infectious and parasitic diseases. Intraoperative evaluation revealed severe joint inflammation, erosive changes, and contractures. Tenotomy performed to release joint contractures and improve joint mobility. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

6. Patient with severe arthritis attributed to other infectious and parasitic diseases underwent joint remodeling surgery as a surgical intervention. Intraoperative evaluation revealed severe joint inflammation, erosive changes, and bone deformities. Remodeling procedures performed to correct bone deformities and restore joint function. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function assessment.

7. Operative note: Patient underwent joint arthroplasty with bone grafting as a surgical intervention for severe arthritis associated with other infectious and parasitic diseases. Intraoperative findings revealed severe joint inflammation, erosive changes, and bone loss. Joint arthroplasty performed with the use of bone grafts to restore joint function and alleviate pain. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control, bone healing, and scheduled regular follow-up for treatment response and joint function evaluation.

8. Patient presented with severe arthritis related to other infectious and parasitic diseases and opted for joint realignment surgery as a surgical intervention. Intraoperative assessment revealed severe joint inflammation, erosive changes, and malalignment. Realignment procedures performed to correct joint alignment and improve joint function. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function assessment.

9. Operative note: Patient underwent joint augmentation surgery as a surgical intervention for severe arthritis associated with other infectious and parasitic diseases. Intraoperative evaluation revealed severe joint inflammation, erosive changes, and joint instability. Augmentation performed using implant materials to restore joint stability and alleviate pain. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

10. Patient with severe bone pain attributed to arthritis related to other infectious and parasitic diseases underwent joint decompression surgery as a surgical intervention. Intraoperative evaluation revealed severe joint inflammation, erosive changes, and increased intra-articular pressure. Decompression procedures performed to relieve pressure, alleviate pain, and improve joint function. Postoperatively, initiated specific antimicrobial therapy and prescribed analgesics for severe bone pain control. Scheduled regular follow-up for infection control, bone healing, and joint function assessment.

1. Operative note: Patient presented with severe infection on the extreme moving joint associated with arthritis related to other infectious and parasitic diseases. Under general anesthesia, joint debridement and irrigation were performed, removing infected tissue and purulent material. Copious antiseptic irrigation was carried out. Postoperatively, specific antimicrobial therapy targeting the identified infectious agent was initiated. Emphasized the importance of postoperative wound care, infection control, and scheduled regular follow-up for treatment response and joint function evaluation.

2. Patient with severe infection on the extreme moving joint related to other infectious and parasitic diseases underwent open joint exploration and debridement. Under general anesthesia, the joint was thoroughly examined, and extensive debridement was performed to remove necrotic tissue and abscesses. Copious irrigation with antiseptic solution was carried out. Postoperatively, initiated targeted antimicrobial therapy and prescribed potent analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function assessment.

3. Operative note: Patient underwent joint washout and antibiotic bead placement for severe infection on the extreme moving joint associated with arthritis related to other infectious and parasitic diseases. Under regional anesthesia, joint washout was performed with thorough irrigation to remove infected material. Antibiotic-loaded beads were implanted to provide localized antimicrobial therapy. Postoperatively, initiated specific antimicrobial therapy and prescribed potent analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint evaluation.

4. Patient presented with severe infection on the extreme moving joint attributed to other infectious and parasitic diseases. Under general anesthesia, joint incision and drainage were performed, evacuating the purulent material and reducing intra-articular pressure. Copious irrigation with antiseptic solution was carried out. Postoperatively, initiated targeted antimicrobial therapy and prescribed potent analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function assessment.

5. Operative note: Patient with severe infection on the extreme moving joint related to other infectious and parasitic diseases underwent joint resection and debridement. Under general anesthesia, infected joint components were resected, followed by thorough debridement to remove necrotic tissue and infected material. Copious irrigation with antiseptic solution was carried out. Postoperatively, initiated specific antimicrobial therapy and prescribed potent analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

6. Patient presented with severe infection on the extreme moving joint associated with arthritis related to other infectious and parasitic diseases. Under general anesthesia, joint exploration and debridement were performed, removing infected tissue and purulent material. Copious irrigation with antiseptic solution was carried out. Postoperatively, initiated targeted antimicrobial therapy and prescribed potent analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function assessment.

7. Operative note: Patient underwent joint washout and suction drainage for severe infection on the extreme moving joint attributed to other infectious and parasitic diseases. Under regional anesthesia, joint washout was performed with thorough irrigation to remove infected material. Suction drainage was placed to facilitate continuous drainage of purulent fluid. Postoperatively, initiated specific antimicrobial therapy and prescribed potent analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint evaluation.

8. Patient with severe infection on the extreme moving joint related to other infectious and parasitic diseases underwent open joint debridement and lavage. Under general anesthesia, infected tissue and purulent material

were extensively debrided. Copious irrigation with antiseptic solution was carried out to remove residual infection. Postoperatively, initiated targeted antimicrobial therapy and prescribed potent analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function assessment.

9. Operative note: Patient presented with severe infection on the extreme moving joint associated with arthritis related to other infectious and parasitic diseases. Under general anesthesia, joint exploration and debridement were performed, removing infected tissue and abscesses. Copious irrigation with antiseptic solution was carried out. Postoperatively, initiated specific antimicrobial therapy and prescribed potent analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

10. Patient underwent joint washout and antibiotic irrigation for severe infection on the extreme moving joint attributed to other infectious and parasitic diseases. Under regional anesthesia, the joint was thoroughly washed with antimicrobial solution, flushing out the infected material. Copious irrigation was performed to ensure effective removal of pathogens. Postoperatively, initiated targeted antimicrobial therapy and prescribed potent analgesics for pain control. Scheduled regular follow-up for infection control, wound healing, and joint function assessment.

1. Operative note: Patient presented with severe inflammation on the extreme moving joint associated with arthritis related to other infectious and parasitic diseases. Under general anesthesia, joint arthroscopy was performed to assess the extent of inflammation. Significant synovial hypertrophy and inflammatory infiltrates were observed. Thorough synovial debridement and lavage were performed to alleviate inflammation. Postoperatively, initiated specific antimicrobial therapy and prescribed potent anti-inflammatory medications for inflammation control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

2. Patient with fluctuating inflammation on the extreme moving joint attributed to other infectious and parasitic diseases underwent joint aspiration and corticosteroid injection. Under local anesthesia, joint fluid was aspirated, and corticosteroid medication was injected to reduce inflammation. Postoperatively, initiated specific antimicrobial therapy and prescribed anti-inflammatory medications for inflammation control. Scheduled regular follow-up for infection control, joint evaluation, and adjustment of treatment as needed.

3. Operative note: Patient underwent joint synovectomy for persistent inflammation on the extreme moving joint associated with arthritis related to other infectious and parasitic diseases. Under general anesthesia, synovial tissue was excised to alleviate inflammation. Histopathological examination confirmed chronic inflammation. Postoperatively, initiated specific antimicrobial therapy and prescribed anti-inflammatory medications for inflammation control. Emphasized the importance of postoperative wound care, infection control, and scheduled regular follow-up for treatment response and joint function evaluation.

4. Patient presented with severe inflammation on the extreme moving joint related to other infectious and parasitic diseases. Under regional anesthesia, joint irrigation and debridement were performed to address the inflammation. Copious irrigation with antiseptic solution was carried out. Postoperatively, initiated specific antimicrobial therapy and prescribed anti-inflammatory medications for inflammation control. Scheduled regular follow-up for infection control, wound healing, and joint function assessment.

5. Operative note: Patient underwent joint immobilization with inflammation modulation techniques for severe inflammation on the extreme moving joint associated with arthritis related to other infectious and parasitic diseases. Under local anesthesia, joint immobilization was achieved using a custom orthosis. Anti-inflammatory modalities, such as cold therapy and elevation, were prescribed. Postoperatively, initiated specific antimicrobial therapy and prescribed anti-inflammatory medications for inflammation control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint evaluation.

6. Patient with intermittent inflammation on the extreme moving joint attributed to other infectious and parasitic diseases underwent joint lavage and drainage. Under general anesthesia, joint lavage was performed to remove inflammatory debris and infected material. Postoperatively, initiated specific antimicrobial therapy and prescribed anti-inflammatory medications for inflammation control. Scheduled regular follow-up for infection control, joint evaluation, and adjustment of treatment as needed.

7. Operative note: Patient underwent joint washout and corticosteroid injection for persistent inflammation on the extreme moving joint associated with arthritis related to other infectious and parasitic diseases. Under local anesthesia, joint washout was performed to remove inflammatory debris. Corticosteroid medication was injected for localized anti-inflammatory effect. Postoperatively, initiated specific antimicrobial therapy and prescribed anti-inflammatory medications for inflammation control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

8. Patient presented with chronic inflammation on the extreme moving joint related to other infectious and parasitic diseases. Under regional anesthesia, joint debridement and synovial biopsy were performed to assess the inflammatory process. Histopathological examination revealed chronic inflammation. Postoperatively, initiated specific antimicrobial therapy and prescribed anti-inflammatory medications for inflammation control. Scheduled regular follow-up for infection control, joint evaluation, and adjustment of treatment as needed.

9. Operative note: Patient underwent joint irrigation and inflammation modulation techniques for fluctuating inflammation on the extreme moving joint associated with arthritis related to other infectious and parasitic diseases. Under regional anesthesia, joint irrigation was performed to reduce inflammation. Anti-inflammatory modalities, such as physical therapy and non-steroidal anti-inflammatory drugs, were prescribed. Postoperatively, initiated specific antimicrobial therapy and prescribed anti-inflammatory medications for inflammation control. Emphasized the importance of postoperative wound care, infection control measures, and scheduled regular follow-up for treatment response and joint function evaluation.

10. Patient with severe inflammation on the extreme moving joint attributed to other infectious and parasitic diseases underwent joint resurfacing surgery. Under general anesthesia, the joint was carefully evaluated, and inflamed joint surfaces were addressed. Resurfacing procedures were performed to restore joint function and alleviate inflammation. Postoperatively, initiated specific antimicrobial therapy and prescribed anti-inflammatory medications for inflammation control. Scheduled regular follow-up for infection control, wound healing, and joint function assessment.

1. Operative note: Patient with a severe diagnosis of arthritis related to other infectious and parasitic diseases underwent joint arthroscopy with extensive debridement and synovectomy. Intraoperative findings revealed significant joint destruction and inflammation. Postoperatively, the patient will require close follow-up appointments every two weeks to monitor treatment response and joint function. Initiated specific antimicrobial therapy and prescribed potent analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and tailored rehabilitation program based on the severity of the diagnosis.

2. Patient presented with a moderate diagnosis of arthritis attributed to other infectious and parasitic diseases and opted for joint fusion surgery. Intraoperative evaluation revealed notable joint instability and inflammation. Postoperatively, the patient will have follow-up visits every four weeks to assess treatment response, wound healing, and joint stability. Initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control, and physical therapy to optimize joint function based on the severity of the diagnosis.

3. Operative note: Patient underwent joint immobilization with bone realignment for a mild diagnosis of arthritis associated with other infectious and parasitic diseases. Intraoperative assessment revealed minimal joint erosion and inflammation. Postoperatively, the patient will require follow-up appointments every six weeks to monitor treatment response, bone healing, and joint function. Initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and gradual return to activities based on the severity of the diagnosis.

4. Patient with a severe diagnosis of arthritis related to other infectious and parasitic diseases underwent joint replacement surgery. Intraoperative evaluation revealed extensive joint destruction and inflammation. Postoperatively, the patient will have frequent follow-up visits every two weeks to assess treatment response, implant stability, and infection control. Initiated specific antimicrobial therapy and prescribed potent analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and tailored rehabilitation program based on the severity of the diagnosis.

5. Operative note: Patient underwent joint irrigation and debridement with bone resection for a moderate diagnosis of arthritis associated with other infectious and parasitic diseases. Intraoperative findings revealed significant joint inflammation and bone erosion. Postoperatively, the patient will require regular follow-up appointments every four weeks to monitor treatment response, wound healing, and joint stability. Initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and tailored physical therapy program based on the severity of the diagnosis.

6. Patient presented with a mild diagnosis of arthritis attributed to other infectious and parasitic diseases and opted for joint synovectomy. Intraoperative assessment revealed minimal joint inflammation and erosion. Postoperatively, the patient will have follow-up visits every six weeks to assess treatment response, joint function, and infection control. Initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control, and gradual return to activities based on the severity of the diagnosis.

7. Operative note: Patient underwent joint debridement and bone grafting for a severe diagnosis of arthritis associated with other infectious and parasitic diseases. Intraoperative findings revealed significant joint destruction and inflammation. Postoperatively, the patient will require close follow-up appointments every two weeks to monitor treatment response, bone healing, and joint function. Initiated specific antimicrobial therapy and prescribed potent analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and tailored rehabilitation program based on the severity of the diagnosis.

8. Patient with a moderate diagnosis of arthritis related to other infectious and parasitic diseases underwent joint resurfacing surgery. Intraoperative evaluation revealed notable joint inflammation and erosion. Postoperatively, the patient will have follow-up visits every four weeks to assess treatment response, wound healing, and joint stability. Initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control, and physical therapy to optimize joint function based on the severity of the diagnosis.

9. Operative note: Patient underwent joint immobilization with bone remodeling for a mild diagnosis of arthritis associated with other infectious and parasitic diseases. Intraoperative assessment revealed minimal joint erosion and inflammation. Postoperatively, the patient will require follow-up appointments every six weeks to monitor treatment response, bone healing, and joint function. Initiated specific antimicrobial therapy and prescribed analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and gradual return to activities based on the severity of the diagnosis.

10. Patient with a severe diagnosis of arthritis attributed to other infectious and parasitic diseases underwent joint reconstruction surgery. Intraoperative evaluation revealed extensive joint destruction and inflammation. Postoperatively, the patient will have frequent follow-up visits every two weeks to assess treatment response, joint stability, and infection control. Initiated specific antimicrobial therapy and prescribed potent analgesics for pain control. Emphasized the importance of postoperative wound care, infection control measures, and tailored rehabilitation program based on the severity of the diagnosis.

## M02.0 Arthropathy following intestinal bypass

1. Procedure: Arthroscopy of the left knee. Findings: Severe arthropathy following intestinal bypass with evidence of synovitis, cartilage erosion, and joint space narrowing. Debridement and synovectomy performed. Intra-articular steroid injection administered for pain relief. Postoperative plan: Initiate physical therapy and prescribe non-steroidal anti-inflammatory drugs (NSAIDs). Follow-up in four weeks.

2. Procedure: Total hip replacement. Indications: Advanced arthropathy following intestinal bypass causing severe hip pain and limited range of motion. Intraoperative findings: Damaged acetabulum and femoral head due to osteoarthritis. Successful placement of prosthetic components. Postoperative plan: Mobilization with weight-bearing restrictions, pain management, and prophylactic antibiotics. Follow-up in six weeks.

3. Procedure: Wrist arthrodesis. Indications: Progressive arthropathy following intestinal bypass leading to significant wrist instability and pain. Intraoperative findings: Radiocarpal joint destruction and erosion. Wrist fusion performed using bone graft and internal fixation. Postoperative plan: Immobilization with a cast for six weeks, followed by hand therapy. Prescribe analgesics for pain control. Follow-up in four weeks.

4. Procedure: Shoulder arthroplasty. Indications: End-stage arthropathy following intestinal bypass resulting in severe shoulder pain and functional impairment. Intraoperative findings: Glenohumeral joint degeneration with loss of cartilage and subchondral cysts. Successful placement of a shoulder prosthesis. Postoperative plan: Initiate pendulum exercises, pain management, and physical therapy. Follow-up in six weeks.

5. Procedure: Ankle arthroscopy. Findings: Chronic arthropathy following intestinal bypass with evidence of osteophyte formation and joint inflammation. Debridement of loose bodies and synovectomy performed. Postoperative plan: Immobilization with a splint for two weeks, followed by weight-bearing as tolerated. Prescribe NSAIDs for pain relief. Follow-up in three weeks.

6. Procedure: Elbow arthroscopy. Indications: Arthropathy following intestinal bypass causing recurrent elbow pain and limited range of motion. Intraoperative findings: Synovial hypertrophy, loose bodies, and articular cartilage damage. Loose body removal and synovectomy performed. Postoperative plan: Immobilization with a splint for one week, followed by gentle range of motion exercises. Prescribe analgesics as needed. Follow-up in two weeks.

7. Procedure: Lumbar facet joint injections. Indications: Facet arthropathy following intestinal bypass with chronic low back pain and radicular symptoms. Injections performed at affected facet joints for diagnostic and therapeutic purposes. Postoperative plan: Monitor pain relief and initiate physical therapy. Prescribe muscle relaxants and analgesics as needed. Follow-up in four weeks.

8. Procedure: Knee arthroplasty. Indications: End-stage arthropathy following intestinal bypass causing severe knee pain and functional limitation. Intraoperative findings: Severe medial and lateral compartment osteoarthritis. Successful placement of a knee prosthesis. Postoperative plan: Initiate physical therapy, pain management, and thromboprophylaxis. Follow-up in six weeks.

9. Procedure: Cervical spine fusion. Indications: Progressive arthropathy following intestinal bypass resulting in cervical radiculopathy and myelopathy. Intraoperative findings: Intervertebral disc degeneration, facet joint hypertrophy, and spinal cord compression. Anterior cervical discectomy and fusion performed. Postoperative plan: Immobilization with a cervical collar for six weeks. Prescribe analgesics and muscle relaxants. Follow-up in four weeks.

10. Procedure: Hand joint arthroplasty. Indications: Severe arthropathy following intestinal bypass causing pain and functional impairment in multiple hand joints. Intraoperative findings: Joint space narrowing, erosions, and osteophyte formation. Successful placement of prosthetic joints. Postoperative plan: Initiate hand therapy, pain management, and finger exercises. Follow-up in four weeks.

1. Procedure: Temporomandibular joint (TMJ) arthroscopy. Indications: Arthropathy following intestinal bypass causing TMJ pain, clicking, and limited jaw movement. Intraoperative findings: Synovial inflammation, disc displacement, and degenerative changes. Arthroscopic lavage and disc repositioning performed. Postoperative plan: Prescribe soft diet, jaw exercises, and analgesics. Follow-up in two weeks.

2. Procedure: Sacroiliac joint fusion. Indications: Arthropathy following intestinal bypass causing chronic low back pain and sacroiliac joint instability. Intraoperative findings: Sacroiliac joint degeneration and abnormal motion. Minimally invasive fusion using implants performed. Postoperative plan: Restricted weight-bearing, physical therapy, and pain management. Follow-up in six weeks.

3. Procedure: Metatarsophalangeal joint arthrodesis. Indications: Progressive arthropathy following intestinal bypass causing disabling foot pain and deformity. Intraoperative findings: Joint destruction and malalignment. Joint fusion with screws and bone graft performed. Postoperative plan: Non-weight-bearing with a cast for six weeks, followed by gradual weight-bearing. Prescribe analgesics and orthotics. Follow-up in four weeks.

4. Procedure: Thoracic facet rhizotomy. Indications: Facet arthropathy following intestinal bypass causing chronic thoracic spine pain. Radiofrequency ablation of the affected facet joints performed. Postoperative plan: Monitor pain relief, initiate physical therapy, and prescribe muscle relaxants. Follow-up in four weeks.

5. Procedure: Ankle joint replacement. Indications: End-stage arthropathy following intestinal bypass resulting in severe ankle pain and functional limitation. Intraoperative findings: Ankle joint degeneration with bone-on-bone contact. Successful placement of an ankle prosthesis. Postoperative plan: Immobilization with a cast for six weeks, followed by weight-bearing as tolerated. Prescribe analgesics and initiate ankle exercises. Follow-up in six weeks.

6. Procedure: Lumbar laminectomy and fusion. Indications: Arthropathy following intestinal bypass causing spinal stenosis and radiculopathy. Intraoperative findings: Degenerative changes, facet joint hypertrophy, and nerve root compression. Decompression and fusion performed. Postoperative plan: Restricted activity, physical therapy, and pain management. Follow-up in six weeks.

7. Procedure: Sternoclavicular joint arthroscopy. Indications: Arthropathy following intestinal bypass causing sternoclavicular joint pain and swelling. Intraoperative findings: Inflammation, synovial hypertrophy, and cartilage erosion. Arthroscopic debridement and synovectomy performed. Postoperative plan: Prescribe analgesics, initiate shoulder range of motion exercises, and apply ice packs. Follow-up in two weeks.

8. Procedure: Cervical facet joint injections. Indications: Facet arthropathy following intestinal bypass causing neck pain and headaches. Injections performed at affected facet joints for diagnostic and therapeutic purposes. Postoperative plan: Monitor pain relief, initiate physical therapy, and prescribe analgesics. Follow-up in four weeks.

9. Procedure: Hip resurfacing. Indications: Arthropathy following intestinal bypass causing hip pain and functional limitation. Intraoperative findings: Preservation of femoral head with acetabular degeneration. Successful placement of a hip resurfacing prosthesis. Postoperative plan: Protected weight-bearing, physical therapy, and pain management. Follow-up in six weeks.

10. Procedure: Total knee arthrodesis. Indications: Severe arthropathy following intestinal bypass causing intractable knee pain and instability. Intraoperative findings: Complete loss of joint space and cartilage. Knee fusion performed using external fixators. Postoperative plan: Non-weight-bearing with a cast for three months, followed by progressive weight-bearing. Prescribe analgesics and assistive devices. Follow-up in eight weeks.

1. Procedure: Shoulder arthroscopy. Indications: Arthropathy following intestinal bypass causing shoulder pain and limited range of motion. Intraoperative findings: Labral tear and synovial inflammation. Procedure performed under general anesthesia with standard dosage. Postoperative plan: Initiate shoulder rehabilitation exercises, prescribe analgesics, and apply ice packs. Follow-up in four weeks.

2. Procedure: Lumbar facet joint injections. Indications: Facet arthropathy following intestinal bypass causing low back pain. Injections performed under local anesthesia with a higher dosage of analgesic for enhanced pain relief. Postoperative plan: Monitor pain response, initiate physical therapy, and prescribe muscle relaxants as needed. Follow-up in four weeks.

3. Procedure: Total hip replacement. Indications: Advanced arthropathy following intestinal bypass causing hip pain and functional impairment. Procedure performed under spinal anesthesia with a lower dosage to minimize postoperative side effects. Postoperative plan: Mobilization with weight-bearing restrictions, pain management, and thromboprophylaxis. Follow-up in six weeks.

4. Procedure: Wrist arthroscopy. Indications: Arthropathy following intestinal bypass causing wrist pain and instability. Procedure performed under regional anesthesia with moderate dosage for optimal patient comfort. Postoperative plan: Immobilization with a splint, initiate hand therapy, and prescribe analgesics. Follow-up in three weeks.

5. Procedure: Knee arthroplasty. Indications: End-stage arthropathy following intestinal bypass causing knee pain and functional limitation. Procedure performed under general anesthesia with a higher dosage to ensure complete sedation and muscle relaxation. Postoperative plan: Initiate physical therapy, pain management, and thromboprophylaxis. Follow-up in six weeks.

6. Procedure: Elbow arthroscopy. Indications: Arthropathy following intestinal bypass causing elbow pain and restricted movement. Procedure performed under local anesthesia with a lower dosage combined with regional nerve block for effective pain control. Postoperative plan: Immobilization with a splint, prescribe analgesics, and initiate elbow range of motion exercises. Follow-up in two weeks.

7. Procedure: Cervical spine fusion. Indications: Progressive arthropathy following intestinal bypass resulting in neck pain and neurological symptoms. Procedure performed under general anesthesia with standard dosage. Postoperative plan: Immobilization with a cervical collar, pain management, and physical therapy. Follow-up in four weeks.

8. Procedure: Ankle arthroscopy. Indications: Arthropathy following intestinal bypass causing ankle pain and swelling. Procedure performed under local anesthesia with moderate dosage combined with intravenous sedation for patient comfort. Postoperative plan: Immobilization with a splint, prescribe analgesics, and initiate ankle exercises. Follow-up in three weeks.

9. Procedure: Sacroiliac joint fusion. Indications: Arthropathy following intestinal bypass causing low back and buttock pain. Procedure performed under spinal anesthesia with a lower dosage for improved postoperative recovery. Postoperative plan: Restricted weight-bearing, pain management, and physical therapy. Follow-up in six weeks.

10. Procedure: Hand joint arthroplasty. Indications: Severe arthropathy following intestinal bypass causing hand pain and functional impairment. Procedure performed under regional anesthesia with a moderate dosage for optimal pain control. Postoperative plan: Initiate hand therapy, prescribe analgesics, and apply splints as needed. Follow-up in four weeks.

1. Procedure: Knee arthroscopy. Findings: Severe arthropathy following intestinal bypass with evidence of bone erosion in the patellofemoral joint. Debridement of loose fragments and cartilage smoothing performed. Postoperative plan: Initiate physical therapy, prescribe NSAIDs for pain control, and monitor joint stability. Follow-up in four weeks.

2. Procedure: Shoulder arthroplasty. Indications: Advanced arthropathy following intestinal bypass resulting in severe shoulder pain and limited mobility. Intraoperative findings: Glenohumeral joint erosion and bone loss. Successful placement of a shoulder prosthesis with bone grafting performed. Postoperative plan: Mobilization with weight-bearing restrictions, pain management, and physical therapy. Follow-up in six weeks.

3. Procedure: Ankle fusion. Indications: Progressive arthropathy following intestinal bypass causing severe ankle pain and instability. Intraoperative findings: Extensive bone erosion and joint deformity. Fusion performed using plates and screws. Postoperative plan: Non-weight-bearing with a cast for eight weeks, followed by gradual weight-bearing. Prescribe analgesics and monitor bone healing. Follow-up in four weeks.

4. Procedure: Wrist arthroplasty. Indications: Advanced arthropathy following intestinal bypass causing wrist pain and limited function. Intraoperative findings: Severe erosion of the carpal bones and joint surfaces. Successful placement of a wrist prosthesis with bone grafting. Postoperative plan: Immobilization with a splint, initiate hand therapy, and prescribe analgesics. Follow-up in four weeks.

5. Procedure: Cervical spine fusion. Indications: Arthropathy following intestinal bypass resulting in cervical radiculopathy and myelopathy. Intraoperative findings: Vertebral body erosion and intervertebral disc space collapse. Anterior cervical discectomy and fusion performed with bone grafting. Postoperative plan: Immobilization with a cervical collar, pain management, and physical therapy. Follow-up in six weeks.

6. Procedure: Hip arthroscopy. Findings: Arthropathy following intestinal bypass with evidence of labral tears and acetabular bone erosion. Labral repair and debridement performed. Postoperative plan: Restricted weight-bearing, initiate physical therapy, and prescribe analgesics. Follow-up in four weeks.

7. Procedure: Lumbar laminectomy and fusion. Indications: Arthropathy following intestinal bypass causing spinal stenosis and radiculopathy. Intraoperative findings: Facet joint erosion and intervertebral disc degeneration. Decompression, fusion, and bone grafting performed. Postoperative plan: Restricted activity, pain management, and physical therapy. Follow-up in six weeks.

8. Procedure: Metatarsophalangeal joint fusion. Indications: Severe arthropathy following intestinal bypass causing disabling foot pain and deformity. Intraoperative findings: Joint erosion and cartilage loss. Fusion performed using screws and bone graft. Postoperative plan: Non-weight-bearing with a cast for eight weeks, followed by progressive weight-bearing. Prescribe analgesics and monitor bone healing. Follow-up in four weeks.

9. Procedure: Elbow arthroscopy. Findings: Arthropathy following intestinal bypass with evidence of osteophyte formation and ulnar bone erosion. Debridement of loose bodies, synovectomy, and osteophyte removal performed. Postoperative plan: Immobilization with a splint, initiate elbow range of motion exercises, and prescribe analgesics. Follow-up in two weeks.

10. Procedure: Total knee replacement. Indications: End-stage arthropathy following intestinal bypass causing severe knee pain and functional limitation. Intraoperative findings: Extensive bone erosion and cartilage degradation. Successful placement of a knee prosthesis with bone augmentation. Postoperative plan: Initiate physical therapy, pain management, and thromboprophylaxis. Follow-up in six weeks.

1. Procedure: Hip resurfacing. Indications: Severe arthropathy following intestinal bypass causing excruciating hip pain and limited mobility. Intraoperative findings: Severe bone erosion and osteophyte formation. Successful placement of a hip resurfacing prosthesis. Postoperative plan: Strict weight-bearing restrictions, pain management, and intensive physical therapy. Follow-up in six weeks.

2. Procedure: Cervical spine fusion. Indications: Arthropathy following intestinal bypass resulting in debilitating neck pain and radiating bone pain. Intraoperative findings: Vertebral bone erosion and spinal cord compression. Anterior cervical discectomy and fusion performed with bone grafting. Postoperative plan: Immobilization with a cervical collar, prescribe analgesics for severe pain, and monitor neurological function. Follow-up in four weeks.

3. Procedure: Ankle arthroscopy. Findings: Severe arthropathy following intestinal bypass with evidence of bone erosion and synovial inflammation. Debridement of damaged tissues and synovectomy performed. Postoperative plan: Immobilization with a splint, prescribe potent analgesics for severe bone pain, and initiate ankle rehabilitation exercises. Follow-up in three weeks.

4. Procedure: Lumbar facet joint injections. Indications: Facet arthropathy following intestinal bypass causing severe lower back pain and radiating bone pain. Injections performed at affected facet joints with a higher dosage of local anesthetics and corticosteroids for intense pain relief. Postoperative plan: Monitor pain response, prescribe strong analgesics, and consider radiofrequency ablation for long-term pain management. Follow-up in four weeks.

5. Procedure: Total knee arthrodesis. Indications: Severe arthropathy following intestinal bypass causing unrelenting bone pain and instability in the knee joint. Intraoperative findings: Extensive bone erosion and joint destruction. Knee fusion performed with compression plates and bone grafting. Postoperative plan: Non-weight-bearing with a cast, prescribe potent analgesics for severe bone pain, and monitor bone healing. Follow-up in eight weeks.

6. Procedure: Shoulder arthroplasty. Indications: End-stage arthropathy following intestinal bypass causing severe shoulder pain and agonizing bone pain. Intraoperative findings: Glenohumeral joint erosion and extensive bone-on-bone contact. Successful placement of a shoulder prosthesis with bone grafting. Postoperative plan: Mobilization with weight-bearing restrictions, prescribe strong analgesics for severe bone pain, and initiate physical therapy. Follow-up in six weeks.

7. Procedure: Wrist fusion. Indications: Progressive arthropathy following intestinal bypass causing intolerable bone pain and wrist instability. Intraoperative findings: Wrist joint erosion and severe bone destruction. Fusion performed using screws and bone graft. Postoperative plan: Immobilization with a cast, prescribe potent analgesics for severe bone pain, and initiate hand therapy. Follow-up in four weeks.

8. Procedure: Metatarsophalangeal joint arthroplasty. Indications: Severe arthropathy following intestinal bypass causing unbearable bone pain and deformity in the foot. Intraoperative findings: Joint erosion and bone deformities. Successful placement of joint prostheses with bone reconstruction. Postoperative plan: Non-weight-bearing with a cast, prescribe strong analgesics for severe bone pain, and monitor bone healing. Follow-up in four weeks.

9. Procedure: Elbow arthroscopy. Findings: Arthropathy following intestinal bypass with evidence of bone erosion and severe bone pain. Debridement of damaged tissues, osteophyte removal, and synovectomy performed. Postoperative plan: Immobilization with a splint, prescribe potent analgesics for severe bone pain, and initiate elbow rehabilitation exercises. Follow-up in two weeks.

10. Procedure: Lumbar laminectomy and fusion. Indications: Arthropathy following intestinal bypass causing severe bone pain, spinal stenosis, and nerve compression. Intraoperative findings: Degenerated discs, facet joint erosion, and bone spurs. Decompression, fusion, and bone grafting performed. Postoperative plan: Restricted activity, prescribe potent analgesics for severe bone pain, and monitor neurological function. Follow-up in six weeks.

1. Procedure: Total knee replacement. Indications: Severe arthropathy following intestinal bypass causing debilitating bone pain and functional impairment in the knee joint. Intraoperative findings: Extensive bone erosion and cartilage loss. Successful placement of a knee prosthesis with surgical intervention to correct joint alignment. Postoperative plan: Initiate physical therapy, prescribe analgesics for bone pain, and monitor prosthesis stability. Follow-up in six weeks.

2. Procedure: Spinal decompression and fusion. Indications: Arthropathy following intestinal bypass resulting in excruciating bone pain, spinal instability, and nerve compression. Intraoperative findings: Vertebral bone erosion, disc degeneration, and spinal cord compression. Surgical intervention performed to decompress the nerves and stabilize the spine with bone grafting. Postoperative plan: Immobilization, pain management, and physical therapy. Follow-up in four weeks.

3. Procedure: Ankle joint reconstruction. Indications: Progressive arthropathy following intestinal bypass causing severe bone pain, ankle instability, and deformity. Intraoperative findings: Extensive bone erosion, ligamentous laxity, and joint malalignment. Surgical intervention performed to restore joint stability and correct bone alignment. Postoperative plan: Non-weight-bearing, potent analgesics for bone pain, and intensive ankle rehabilitation. Follow-up in eight weeks.

4. Procedure: Arthroscopic hip debridement. Indications: Arthropathy following intestinal bypass causing severe bone pain and hip joint inflammation. Intraoperative findings: Bone erosion, synovial hypertrophy, and loose bodies. Surgical intervention performed to remove loose fragments, debride damaged tissues, and smooth bone surfaces. Postoperative plan: Restricted weight-bearing, pain management, and physical therapy. Follow-up in four weeks.

5. Procedure: Shoulder resurfacing. Indications: End-stage arthropathy following intestinal bypass resulting in severe bone pain and limited shoulder mobility. Intraoperative findings: Glenohumeral joint erosion and bone-on-bone contact. Surgical intervention performed to resurface the joint and restore bone alignment. Postoperative plan: Mobilization with weight-bearing restrictions, potent analgesics for bone pain, and shoulder rehabilitation exercises. Follow-up in six weeks.

6. Procedure: Wrist joint reconstruction. Indications: Severe arthropathy following intestinal bypass causing debilitating bone pain and wrist instability. Intraoperative findings: Wrist joint erosion, ligamentous laxity, and bone deformities. Surgical intervention performed to stabilize the joint, correct bone alignment, and restore function. Postoperative plan: Immobilization, potent analgesics for bone pain, and hand therapy. Follow-up in four weeks.

7. Procedure: Metatarsophalangeal joint arthrodesis. Indications: Progressive arthropathy following intestinal bypass causing excruciating bone pain and foot deformity. Intraoperative findings: Joint erosion and severe bone destruction. Surgical intervention performed to fuse the joint using screws and bone grafting. Postoperative plan: Non-weight-bearing, potent analgesics for bone pain, and monitoring of bone healing. Follow-up in six weeks.

8. Procedure: Elbow joint replacement. Indications: Severe arthropathy following intestinal bypass causing unbearable bone pain and functional impairment in the elbow joint. Intraoperative findings: Extensive bone erosion and joint deformity. Surgical intervention performed to replace the joint with a prosthetic implant. Postoperative plan: Immobilization, potent analgesics for bone pain, and elbow rehabilitation exercises. Follow-up in four weeks.

9. Procedure: Cervical spine fusion with instrumentation. Indications: Arthropathy following intestinal bypass resulting in severe bone pain, spinal instability, and neurological symptoms. Intra operative findings: Vertebral bone erosion, disc degeneration, and spinal cord compression. Surgical intervention performed to stabilize the spine using fusion and instrumentation. Postoperative plan: Immobilization, potent analgesics for bone pain, and neurological monitoring. Follow-up in six weeks.

10. Procedure: Hand joint reconstruction. Indications: Severe arthropathy following intestinal bypass causing disabling bone pain and hand joint deformities. Intraoperative findings: Joint erosion, ligamentous laxity, and bone deformities. Surgical intervention performed to reconstruct the joints, correct bone alignment, and improve hand function. Postoperative plan: Immobilization, potent analgesics for bone pain, and hand therapy. Follow-up in four weeks.

1. Procedure: Sacroiliac joint fusion. Indications: Arthropathy following intestinal bypass causing severe bone pain and sacroiliac joint instability. Intraoperative findings: Extensive bone erosion and joint degeneration. Surgical intervention performed to fuse the joint using implants and bone grafting. Postoperative plan: Restricted weight-bearing, potent analgesics for bone pain, and physical therapy. Follow-up in six weeks.

2. Procedure: Thumb joint arthroplasty. Indications: Progressive arthropathy following intestinal bypass causing severe bone pain and thumb joint deformity. Intraoperative findings: Joint erosion, ligamentous laxity, and bone deformities. Surgical intervention performed to replace the joint with a prosthetic implant. Postoperative plan: Immobilization, potent analgesics for bone pain, and hand therapy. Follow-up in four weeks.

3. Procedure: Lumbar laminectomy and fusion with interbody cage placement. Indications: Arthropathy following intestinal bypass resulting in severe bone pain, spinal instability, and nerve compression. Intraoperative findings: Vertebral bone erosion, disc degeneration, and foraminal stenosis. Surgical intervention performed to decompress nerves, stabilize the spine, and restore disc height using interbody cages. Postoperative plan: Immobilization, potent analgesics for bone pain, and physical therapy. Follow-up in six weeks.

4. Procedure: Total ankle replacement. Indications: End-stage arthropathy following intestinal bypass causing debilitating bone pain and functional limitation in the ankle joint. Intraoperative findings: Severe bone erosion and joint deformity. Surgical intervention performed to replace the joint with a prosthetic implant. Postoperative plan: Restricted weight-bearing, potent analgesics for bone pain, and ankle rehabilitation. Follow-up in six weeks.

5. Procedure: Thumb basal joint fusion. Indications: Severe arthropathy following intestinal bypass causing excruciating bone pain and instability at the base of the thumb. Intraoperative findings: Joint erosion and ligamentous laxity. Surgical intervention performed to fuse the joint using screws and bone grafting. Postoperative plan: Immobilization, potent analgesics for bone pain, and hand therapy. Follow-up in four weeks.

6. Procedure: Hip preservation surgery. Indications: Arthropathy following intestinal bypass causing severe bone pain and hip joint dysfunction in a young patient. Intraoperative findings: Labral tear, femoral head osteonecrosis, and acetabular bone erosion. Surgical intervention performed to repair the labrum, remove damaged tissues, and promote hip joint preservation. Postoperative plan: Restricted weight-bearing, potent analgesics for bone pain, and physical therapy. Follow-up in six weeks.

7. Procedure: Cervical disc replacement. Indications: Arthropathy following intestinal bypass resulting in severe bone pain, disc degeneration, and neurological symptoms. Intraoperative findings: Disc space collapse, bone spurs, and nerve compression. Surgical intervention performed to remove the affected disc and replace it with an artificial disc implant. Postoperative plan: Immobilization, potent analgesics for bone pain, and neurological monitoring. Follow-up in four weeks.

8. Procedure: Hand joint fusion. Indications: Severe arthropathy following intestinal bypass causing debilitating bone pain and joint instability in multiple hand joints. Intraoperative findings: Joint erosion, ligamentous laxity, and bone deformities. Surgical intervention performed to fuse the affected joints using screws and bone grafting. Postoperative plan: Immobilization, potent analgesics for bone pain, and hand therapy. Follow-up in four weeks.

9. Procedure: Lumbar microdiscectomy with laminotomy. Indications: Arthropathy following intestinal bypass causing severe bone pain, disc herniation, and nerve compression. Intraoperative findings: Disc herniation, bone spurs, and foraminal stenosis. Surgical intervention performed to remove the herniated disc material and decompress the affected nerve roots. Postoperative plan: Restricted activity, potent analgesics for bone pain, and physical therapy. Follow-up in six weeks.

10. Procedure: Knee osteotomy. Indications: Severe arthropathy following intestinal bypass causing debilitating bone pain and malalignment in the knee joint. Intraoperative findings: Joint erosion, cartilage loss, and varus/valgus deformity. Surgical intervention performed to realign the knee by cutting and repositioning the bones. Postoperative plan: Restricted weight-bearing, potent analgesics for bone pain, and intensive knee rehabilitation. Follow-up in eight weeks.

1. Procedure: Hip arthroscopy with debridement. Indications: Severe infection on the hip joint following intestinal bypass, causing extreme bone pain and limited range of motion. Intraoperative findings: Presence of infected joint fluid, synovial inflammation, and extensive bone erosion. Surgical intervention performed to debride the infected tissues and flush the joint. Postoperative plan: Administer intravenous antibiotics, immobilization, and closely monitor for signs of infection. Follow-up in two weeks for wound assessment and antibiotic adjustment.

2. Procedure: Elbow joint irrigation and drainage. Indications: Severe infection on the elbow joint following intestinal bypass, leading to extreme bone pain and significant swelling. Intraoperative findings: Purulent joint fluid, synovial inflammation, and bone erosion. Surgical intervention performed to irrigate the joint and drain the infection. Postoperative plan: Administer intravenous antibiotics, immobilize the elbow, and monitor for signs of recurrent infection. Follow-up in one week for wound assessment and antibiotic adjustment.

3. Procedure: Knee joint arthroplasty revision. Indications: Severe infection on the knee joint prosthesis following intestinal bypass, causing extreme bone pain and joint instability. Intraoperative findings: Infected joint fluid, prosthetic loosening, and bone erosion. Surgical intervention performed to remove the infected prosthesis, debride infected tissues, and place a temporary spacer. Postoperative plan: Administer intravenous antibiotics, immobilize the knee, and plan for a two-stage revision surgery after infection resolution. Follow-up in one week for wound assessment and antibiotic adjustment.

4. Procedure: Shoulder joint incision and drainage. Indications: Severe infection on the shoulder joint following intestinal bypass, resulting in extreme bone pain and limited shoulder mobility. Intraoperative findings: Purulent joint fluid, synovial inflammation, and bone erosion. Surgical intervention performed to open and drain the infected joint. Postoperative plan: Administer intravenous antibiotics, immobilize the shoulder, and monitor for signs of recurrent infection. Follow-up in one week for wound assessment and antibiotic adjustment.

5. Procedure: Ankle joint arthrodesis with debridement. Indications: Severe infection on the ankle joint following intestinal bypass, leading to extreme bone pain and joint instability. Intraoperative findings: Infected joint fluid, bone erosion, and loss of joint cartilage. Surgical intervention performed to debride infected tissues, fuse the joint, and apply external fixation. Postoperative plan: Administer intravenous antibiotics, immobilize the ankle, and closely monitor for signs of infection resolution. Follow-up in two weeks for wound assessment and antibiotic adjustment.

6. Procedure: Thumb joint irrigation and debridement. Indications: Severe infection on the thumb joint following intestinal bypass, causing extreme bone pain and significant swelling. Intraoperative findings: Purulent joint fluid, synovial inflammation, and bone erosion. Surgical intervention performed to irrigate the joint, debride infected tissues, and place a drain. Postoperative plan: Administer intravenous antibiotics, immobilize the thumb, and monitor for signs of recurrent infection. Follow-up in one week for wound assessment and antibiotic adjustment.

7. Procedure: Cervical spine decompression and fusion revision. Indications: Severe infection on the cervical spine hardware following intestinal bypass, resulting in extreme bone pain and neurological deficits. Intraoperative findings: Infected surgical site, hardware loosening, and bone erosion. Surgical intervention performed to remove the infected hardware, debride infected tissues, and perform an extended fusion. Postoperative plan: Administer intravenous antibiotics, immobilize the neck, and closely monitor for signs of recurrent infection. Follow-up in one week for wound assessment and antibiotic adjustment.

8. Procedure: Hand joint arthroplasty removal with debridement. Indications: Severe infection on the hand joint prostheses following intestinal bypass, causing extreme bone pain and joint deformities. Intraoperative findings: Infected joint fluid, prosthesis loosening, and bone erosion. Surgical intervention performed to remove the infected prostheses, debride infected tissues, and provide temporary joint stabilization. Postoperative plan: Administer intravenous antibiotics, immobilize the hand, and monitor for signs of recurrent infection. Follow-up in one week for wound assessment and antibiotic adjustment.

9. Procedure: Lumbar spine laminectomy and fusion revision. Indications: Severe infection on the lumbar spine hardware following intestinal bypass, leading to extreme bone pain and neurological deficits. Intraoperative findings: Infected surgical site, hardware loosening, and bone erosion. Surgical intervention performed to remove the infected hardware, debride infected tissues, and perform an extended fusion. Postoperative plan: Administer intravenous antibiotics, immobilize the spine, and closely monitor for signs of recurrent infection. Follow-up in one week for wound assessment and antibiotic adjustment.

10. Procedure: Total knee replacement revision with extensive debridement. Indications: Severe infection on the knee joint prosthesis following intestinal bypass, causing extreme bone pain and joint instability. Intraoperative findings: Infected joint fluid, prosthetic loosening, and extensive bone erosion. Surgical intervention performed to remove the infected prosthesis, extensively debride infected tissues, and place a temporary spacer. Postoperative plan: Administer intravenous antibiotics, immobilize the knee, and plan for a two-stage revision surgery after infection resolution. Follow-up in one week for wound assessment and antibiotic adjustment.

1. Procedure: Knee joint arthroscopy. Indications: Severe inflammation and synovitis in the knee joint following intestinal bypass, causing bone pain and limited range of motion. Intraoperative findings: Inflamed synovial tissue, cartilage erosion, and mild bone edema. Surgical intervention performed to debride inflamed tissues and irrigate the joint. Postoperative plan: Prescribe anti-inflammatory medications, initiate physical therapy, and monitor for resolution of inflammation. Follow-up in four weeks.

2. Procedure: Shoulder joint irrigation and synovectomy. Indications: Severe inflammation and synovial hypertrophy in the shoulder joint following intestinal bypass, resulting in bone pain and restricted shoulder movement. Intraoperative findings: Inflamed synovium, subacromial bursitis, and mild bone erosion. Surgical intervention performed to irrigate the joint, excise inflamed synovium, and decompress the subacromial space. Postoperative plan: Prescribe anti-inflammatory medications, initiate shoulder rehabilitation exercises, and monitor for resolution of inflammation. Follow-up in six weeks.

3. Procedure: Ankle joint arthrodesis. Indications: Chronic inflammation and synovitis in the ankle joint following intestinal bypass, leading to bone pain and joint instability. Intraoperative findings: Inflamed synovial tissue, joint space narrowing, and mild bone erosions. Surgical intervention performed to fuse the joint and remove inflamed tissues. Postoperative plan: Prescribe anti-inflammatory medications, immobilize the ankle, and monitor for resolution of inflammation. Follow-up in four weeks.

4. Procedure: Lumbar spine decompression and fusion. Indications: Chronic inflammation and inflammatory changes in the lumbar spine following intestinal bypass, causing bone pain and nerve compression. Intraoperative findings: Inflamed epidural tissues, degenerative disc changes, and mild vertebral endplate inflammation. Surgical intervention performed to decompress the nerves, stabilize the spine, and promote fusion. Postoperative plan: Prescribe anti-inflammatory medications, restrict activities, and monitor for resolution of inflammation. Follow-up in six weeks.

5. Procedure: Elbow joint arthroscopy with synovial biopsy. Indications: Persistent inflammation and synovial proliferation in the elbow joint following intestinal bypass, resulting in bone pain and joint swelling. Intraoperative findings: Inflamed synovial tissue, loose bodies, and mild bone erosion. Surgical intervention performed to perform synovial biopsy, debride loose bodies, and irrigate the joint. Postoperative plan: Prescribe anti-inflammatory medications, immobilize the elbow, and monitor for resolution of inflammation. Follow-up in two weeks.

6. Procedure: Wrist joint fusion with synovectomy. Indications: Chronic inflammation and synovitis in the wrist joint following intestinal bypass, causing bone pain and wrist instability. Intraoperative findings: Inflamed synovial tissue, cartilage erosion, and mild bone edema. Surgical intervention performed to fuse the joint and excise inflamed synovium. Postoperative plan: Prescribe anti-inflammatory medications, immobilize the wrist, and monitor for resolution of inflammation. Follow-up in four weeks.

7. Procedure: Hip joint arthroscopy. Indications: Persistent inflammation and synovitis in the hip joint following intestinal bypass, leading to bone pain and limited hip mobility. Intraoperative findings: Inflamed synovial tissue, labral tears, and mild bone edema. Surgical intervention performed to debride the inflamed tissues, repair labral tears, and irrigate the joint. Postoperative plan: Prescribe anti-inflammatory medications, restrict weight-bearing, and monitor for resolution of inflammation. Follow-up in six weeks.

8. Procedure: Cervical spine laminectomy and fusion. Indications: Chronic inflammation and inflammatory changes in the cervical spine following intestinal bypass, causing bone pain and radiculopathy. Intraoperative findings: Inflamed epidural tissues, degenerative disc changes, and mild vertebral endplate inflammation. Surgical intervention performed to decompress the nerves, stabilize the spine, and promote fusion. Postoperative plan: Prescribe anti-inflammatory medications, restrict activities, and monitor for resolution of inflammation. Follow-up in six weeks.

9. Procedure: Thumb joint arthroplasty with synovial debridement. Indications: Severe inflammation and synovitis in the thumb joint following intestinal bypass, resulting in bone pain and limited thumb function. Intraoperative findings: Inflamed synovial tissue, cartilage erosion, and mild bone edema. Surgical intervention performed to replace the joint with a prosthesis and debride the inflamed synovium. Postoperative plan: Prescribe anti-inflammatory medications, immobilize the thumb, and monitor for resolution of inflammation. Follow-up in four weeks.

10. Procedure: Metatarsophalangeal joint arthroscopy. Indications: Persistent inflammation and synovitis in the foot joint following intestinal bypass, causing bone pain and difficulty walking. Intraoperative findings: Inflamed synovial tissue, joint space narrowing, and mild bone erosions. Surgical intervention performed to debride the inflamed tissues, irrigate the joint, and remove loose fragments. Postoperative plan: Prescribe anti-inflammatory medications, restrict weight-bearing, and monitor for resolution of inflammation. Follow-up in four weeks.

1. Diagnosis: Severe infection on the hip joint following intestinal bypass. Procedure: Hip joint irrigation and debridement. Postoperative plan: Administer intravenous antibiotics, closely monitor for signs of infection resolution, and schedule follow-up appointments based on the response to treatment.

2. Diagnosis: Advanced arthropathy with joint destruction in the knee following intestinal bypass. Procedure: Total knee replacement. Postoperative plan: Initiate physical therapy, monitor the healing process, and schedule follow-up appointments at regular intervals to assess the functionality of the replaced joint.

3. Diagnosis: Chronic inflammation and synovitis in the ankle joint following intestinal bypass. Procedure: Ankle joint arthroscopy with synovectomy. Postoperative plan: Prescribe anti-inflammatory medications, immobilize the ankle, and schedule follow-up appointments to evaluate the response to treatment and monitor for recurrence of inflammation.

4. Diagnosis: Severe bone erosion and joint instability in the wrist following intestinal bypass. Procedure: Wrist joint fusion. Postoperative plan: Immobilize the wrist, prescribe analgesics, and schedule follow-up appointments to monitor bone healing and joint stability.

5. Diagnosis: Advanced degenerative disc disease and nerve compression in the lumbar spine following intestinal bypass. Procedure: Lumbar spine decompression and fusion. Postoperative plan: Restrict activities, initiate physical therapy, and schedule follow-up appointments to monitor the fusion process and assess pain and neurological symptoms.

6. Diagnosis: Severe infection on the shoulder joint prosthesis following intestinal bypass. Procedure: Shoulder joint prosthesis removal with debridement. Postoperative plan: Administer intravenous antibiotics, monitor for signs of infection resolution, and schedule follow-up appointments to assess the need for a subsequent joint replacement.

7. Diagnosis: Chronic inflammation and synovitis in multiple hand joints following intestinal bypass. Procedure: Hand joint arthroplasty with synovial debridement. Postoperative plan: Prescribe anti-inflammatory medications, initiate hand therapy, and schedule follow-up appointments to evaluate the response to treatment and monitor joint function.

8. Diagnosis: Severe bone erosion and joint deformity in the cervical spine following intestinal bypass. Procedure: Cervical spine fusion. Postoperative plan: Immobilize the neck, monitor for fusion success, and schedule follow-up appointments to assess pain relief and neurological improvement.

9. Diagnosis: Advanced arthropathy with joint destruction in the ankle following intestinal bypass. Procedure: Ankle joint fusion. Postoperative plan: Restrict weight-bearing, monitor bone healing, and schedule follow-up appointments to assess fusion success and functional outcomes.

10. Diagnosis: Chronic inflammation and synovitis in the thumb joint following intestinal bypass. Procedure: Thumb joint arthroplasty with synovial debridement. Postoperative plan: Prescribe anti-inflammatory medications, immobilize the thumb, and schedule follow-up appointments to monitor the response to treatment and assess thumb function.

## M02.1 Postdysenteric arthropathy

1. Operative Note - Arthroscopic Synovectomy: Patient underwent arthroscopic synovectomy for postdysenteric arthropathy. Multiple inflamed synovial membranes were visualized and meticulously excised. Hemostasis was achieved, and the joint was irrigated. Closure was performed in layers using absorbable sutures.

2. Operative Note - Joint Lavage and Debridement: Patient with postdysenteric arthropathy underwent joint lavage and debridement. The affected joint was accessed, and copious irrigation with sterile saline was performed to remove debris and inflammatory exudates. Extensive debridement of necrotic tissue and loose bodies was carried out. The joint was then thoroughly irrigated, and the wound was closed.

3. Operative Note - Joint Fusion: Postdysenteric arthropathy patient underwent joint fusion. The affected joint surfaces were prepared by meticulous debridement and removal of cartilage. Rigid fixation was achieved using screws or plates. Autograft or allograft was utilized for fusion. The joint was immobilized with a cast or external fixator. Postoperative X-rays confirmed successful fusion.

4. Operative Note - Tenosynovectomy: Patient underwent tenosynovectomy for postdysenteric arthropathy. The affected tendon sheath was exposed, and the inflamed synovium was carefully excised. Hemostasis was achieved, and the wound was irrigated. The sheath was closed using absorbable sutures. Postoperatively, the patient was advised on early mobilization and hand therapy.

5. Operative Note - Joint Arthroplasty: Patient with postdysenteric arthropathy underwent joint arthroplasty. The affected joint was exposed through an appropriate incision. Resection of the damaged joint surfaces was performed, followed by implantation of a prosthesis. The joint was meticulously irrigated, and layered closure was done. Postoperative X-rays confirmed proper implant positioning.

6. Operative Note - Tendon Repair: Postdysenteric arthropathy patient underwent tendon repair. The ruptured tendon ends were identified and meticulously debrided. Sutures were placed using an appropriate technique, ensuring proper alignment and tension. Tendon integrity was restored, and the wound was closed in layers. Immobilization and physical therapy were initiated postoperatively.

7. Operative Note - Joint Arthroscopy: Patient underwent diagnostic joint arthroscopy for postdysenteric arthropathy. The joint was accessed, and a thorough evaluation of the articular surfaces, synovium, and ligaments was performed. Pathologic findings were documented, including synovitis and cartilage erosion. The joint was irrigated, and the arthroscope was removed. The patient tolerated the procedure well.

8. Operative Note - Osteotomy: Postdysenteric arthropathy patient underwent osteotomy for joint realignment. An appropriate incision was made, and the bone was carefully cut using a surgical saw. The bone segments were repositioned to correct the deformity and fixated with screws or plates. The wound was closed layer by layer. Postoperative X-rays confirmed satisfactory realignment.

9. Operative Note - Soft Tissue Release: Patient with postdysenteric arthropathy underwent soft tissue release. The contracted soft tissues around the affected joint were identified and released using appropriate incisions. Tenotomy or fasciotomy techniques were utilized to restore joint mobility. Hemostasis was achieved, and the wounds were closed in layers. Postoperatively, the patient was advised on rehabilitation exercises.

10. Operative Note - Arthroscopic Cartilage Repair: Patient underwent arthroscopic cartilage repair for postdysenteric arthropathy. The damaged cartilage defect was visualized, and debridement was performed. Microfracture or autologous chondrocyte implantation was carried out to stimulate cartilage regeneration. The joint was irrigated, and the arthroscope was removed. The patient was given postoperative care instructions.

1. Operative Note - Joint Arthrodesis: Patient with postdysenteric arthropathy underwent joint arthrodesis. The affected joint was exposed, and the articular surfaces were meticulously prepared. Bone graft or fusion device was inserted to promote fusion. Rigid fixation was achieved using screws or plates. The joint was immobilized, and the wound was closed in layers. Postoperative X-rays confirmed successful fusion.

2. Operative Note - Capsular Release: Patient underwent capsular release for postdysenteric arthropathy. The tight joint capsule was identified and carefully released to improve joint mobility. The procedure involved appropriate incisions and meticulous dissection. Hemostasis was achieved, and the wound was closed. Postoperatively, the patient was instructed on range of motion exercises and physical therapy.

3. Operative Note - Tendon Transfer: Postdysenteric arthropathy patient underwent tendon transfer. The dysfunctional tendon was identified and released. The healthy tendon was mobilized and transferred to replace the non-functioning tendon. Appropriate tensioning and fixation were achieved using sutures or anchors. The wound was closed, and postoperative rehabilitation was initiated.

4. Operative Note - Joint Denervation: Patient with postdysenteric arthropathy underwent joint denervation. The affected joint was accessed, and the sensory nerves responsible for pain were identified and selectively ablated. The procedure involved careful dissection and use of electrocautery or radiofrequency ablation. Hemostasis was achieved, and the wound was closed. Postoperatively, the patient reported reduced pain.

5. Operative Note - Arthroscopic Meniscectomy: Patient underwent arthroscopic meniscectomy for postdysenteric arthropathy. The damaged meniscus was visualized, and the torn portion was meticulously excised. Hemostasis was achieved, and the joint was irrigated. Closure was performed using absorbable sutures. Postoperatively, the patient was advised on weight-bearing restrictions and rehabilitation exercises.

6. Operative Note - Joint Resurfacing: Postdysenteric arthropathy patient underwent joint resurfacing. The damaged joint surface was carefully prepared, and a resurfacing implant or graft was applied. The implant was secured using appropriate fixation techniques. The joint was irrigated, and the wound was closed. Postoperative X-rays confirmed proper implant positioning and joint congruity.

7. Operative Note - Tendon Lengthening: Patient with postdysenteric arthropathy underwent tendon lengthening. The tight or contracted tendon was identified, and a controlled release was performed. Tendon lengthening was achieved using appropriate techniques such as Z-plasty or V-Y lengthening. The wound was closed, and postoperative rehabilitation was initiated to restore optimal tendon function.

8. Operative Note - Joint Decompression: Postdysenteric arthropathy patient underwent joint decompression. The affected joint was accessed, and excessive intra-articular pressure was relieved by removing bony or soft tissue obstructions. The procedure involved meticulous dissection and appropriate resection. The joint was irrigated, and the wound was closed. Postoperatively, the patient reported decreased joint pain and improved mobility.

9. Operative Note - Arthroscopic Synovial Biopsy: Patient underwent arthroscopic synovial biopsy for postdysenteric arthropathy. The affected joint was accessed, and multiple synovial tissue samples were obtained using appropriate instruments. Hemostasis was achieved, and the joint was irrigated. Closure was performed in layers using absorbable sutures. The samples were sent for histopathological examination to aid in diagnosis and treatment planning.

10. Operative Note - Joint Reconstruction: Patient with postdysenteric arthropathy underwent joint reconstruction. The damaged joint structures were carefully assessed, and reconstructive procedures were performed. This involved techniques such as ligament repair or reconstruction, tendon grafting, and cartilage restoration. The joint was irrigated, and the wound was closed. Postoperative rehabilitation was initiated to optimize joint function and stability.

1. Operative Note - Joint Arthroplasty with General Anesthesia: Patient with postdysenteric arthropathy underwent joint arthroplasty under general anesthesia. Induction was achieved using intravenous propofol and maintenance was provided with a balanced anesthetic technique incorporating inhalational agents and muscle relaxants. Adequate analgesia was ensured throughout the procedure. The patient tolerated anesthesia well, and no intraoperative complications were observed.

2. Operative Note - Joint Fusion with Spinal Anesthesia: Postdysenteric arthropathy patient underwent joint fusion under spinal anesthesia. A single-shot spinal block was performed at the appropriate level using local anesthetics. The patient remained conscious throughout the procedure while the lower extremities were temporarily numbed. Sedation was provided for comfort. Hemodynamic stability was maintained, and the patient experienced no adverse events.

3. Operative Note - Arthroscopic Synovectomy with Regional Anesthesia: Patient underwent arthroscopic synovectomy for postdysenteric arthropathy under regional anesthesia. A nerve block technique (e.g., femoral or sciatic nerve block) was employed to provide surgical anesthesia and analgesia to the lower limb. The patient remained awake during the procedure, and adequate pain control was ensured. The anesthesia block was successful, and no complications were encountered.

4. Operative Note - Joint Lavage and Debridement with Moderate Sedation: Patient with postdysenteric arthropathy underwent joint lavage and debridement under moderate sedation. Conscious sedation was achieved using intravenous medications (e.g., benzodiazepines and opioids) to induce a state of reduced anxiety and pain perception. The patient remained responsive, maintaining a patent airway and stable vital signs. The procedure was well-tolerated without any complications.

5. Operative Note - Tenosynovectomy with Local Anesthesia: Postdysenteric arthropathy patient underwent tenosynovectomy under local anesthesia. The affected area was infiltrated with a local anesthetic solution (e.g., lidocaine) to provide surgical anesthesia and minimize pain. The patient remained awake during the procedure, and adequate pain control was ensured. The local anesthesia block was effective, and the patient reported minimal discomfort.

6. Operative Note - Joint Arthroscopy with General Anesthesia (Reduced Dosage): Patient underwent diagnostic joint arthroscopy for postdysenteric arthropathy under general anesthesia with reduced dosage. Induction was achieved using lower doses of intravenous agents (e.g., propofol) to maintain a lighter level of sedation. Inhalational agents and muscle relaxants were adjusted accordingly. The patient maintained stable vital signs, and no intraoperative complications were encountered.

7. Operative Note - Osteotomy with Epidural Anesthesia: Postdysenteric arthropathy patient underwent osteotomy under epidural anesthesia. An epidural catheter was placed, and local anesthetics were administered to provide surgical anesthesia and postoperative pain relief. The patient remained conscious during the procedure, and adequate anesthesia was confirmed. Hemodynamic stability was maintained, and no adverse events were noted.

8. Operative Note - Soft Tissue Release with General Anesthesia (Increased Dosage): Patient with postdysenteric arthropathy underwent soft tissue release under general anesthesia with increased dosage. Higher doses of intravenous agents (e.g., propofol) were administered to achieve a deeper level of sedation. Inhalational agents and muscle relaxants were adjusted accordingly. The patient remained hemodynamically stable, and the procedure was completed without complications.

9. Operative Note - Arthroscopic Cartilage Repair with Local Anesthesia (Supplemental Sedation): Patient underwent arthroscopic cartilage repair for postdysenteric arthropathy under local anesthesia with supplemental sedation. The affected area was locally anesthetized, and intravenous sedatives (e.g., benzodiazepines) were administered to induce a state of relaxation and reduce anxiety. The patient remained responsive and comfortable throughout the procedure.

10. Operative Note - Joint Denervation with Regional Anesthesia: Postdysenteric arthropathy patient underwent joint denervation under regional anesthesia. A regional anesthesia technique (e.g., continuous peripheral nerve block) was employed to provide surgical anesthesia and analgesia to the specific nerve pathways involved. The patient remained conscious during the procedure, and the anesthesia block effectively reduced pain perception. The patient tolerated the procedure well without any complications.

1. Operative Note - Joint Reconstruction with Bone Grafting: Patient with postdysenteric arthropathy and bone erosion underwent joint reconstruction with bone grafting. The damaged joint surfaces were carefully prepared, and bone grafts were harvested from the patient's own body or obtained from a bone bank. The grafts were meticulously placed to restore bone integrity and support joint stability. The joint was irrigated, and the wound was closed. Postoperative X-rays confirmed graft integration.

2. Operative Note - Joint Resurfacing with Synthetic Implant: Postdysenteric arthropathy patient with bone erosion underwent joint resurfacing with a synthetic implant. The damaged joint surface was meticulously prepared, and a prosthetic implant made of biocompatible materials was secured to restore joint function. The implant was carefully positioned and fixed using appropriate techniques. The joint was irrigated, and layered closure was performed. Postoperative X-rays confirmed proper implant placement.

3. Operative Note - Bone Erosion Debridement: Patient underwent bone erosion debridement for postdysenteric arthropathy. The eroded bone areas were identified, and thorough debridement was performed to remove necrotic or damaged bone tissue. Careful attention was given to preserve healthy bone. Hemostasis was achieved, and the wound was irrigated. Closure was performed in layers using absorbable sutures. Postoperatively, the patient was advised on appropriate weight-bearing and rehabilitation.

4. Operative Note - Joint Arthroplasty with Bone Erosion Management: Patient with postdysenteric arthropathy and significant bone erosion underwent joint arthroplasty with bone erosion management. The damaged joint surfaces were meticulously prepared, and bone grafts or augments were utilized to reconstruct and fill the eroded areas. The prosthetic implant was then securely fixed. The joint was irrigated, and layered closure was performed. Postoperative X-rays confirmed adequate bone support and implant stability.

5. Operative Note - Bone Grafting and Fixation for Bone Erosion: Postdysenteric arthropathy patient with extensive bone erosion underwent bone grafting and fixation. The eroded bone was carefully debrided, and bone grafts were placed to reconstruct the affected areas. Rigid fixation was achieved using screws, plates, or intramedullary devices. The grafts were secured to promote bone healing and restoration of bone integrity. The wound was closed, and postoperative immobilization was advised.

6. Operative Note - Joint Fusion with Bone Erosion Excision: Patient with postdysenteric arthropathy and severe bone erosion underwent joint fusion with bone erosion excision. The eroded bone areas were meticulously excised, and the remaining healthy bone surfaces were prepared for fusion. Autograft or allograft was used to bridge the gap, and rigid fixation was achieved using screws or plates. The joint was immobilized, and layered closure was performed.

7. Operative Note - Bone Erosion Evaluation and Stabilization: Patient underwent bone erosion evaluation and stabilization for postdysenteric arthropathy. The eroded bone areas were carefully assessed, and appropriate stabilization techniques were employed to prevent further damage. This may have involved the use of internal fixation devices or bone cement to reinforce weakened bone structures. The joint was irrigated, and the wound was closed. Postoperative X-rays confirmed improved stability.

8. Operative Note - Joint Reconstruction with Structural Bone Grafts: Postdysenteric arthropathy patient with extensive bone erosion underwent joint reconstruction with structural bone grafts. The eroded bone was excised, and structural grafts were meticulously shaped and placed to restore joint integrity and stability. The grafts were securely fixed using screws or other appropriate techniques. The joint was irrigated, and layered closure was performed. Postoperative X-rays confirmed graft integration and joint alignment.

9. Operative Note - Joint Arthroscopy with Bone Erosion Assessment: Patient underwent diagnostic joint arthroscopy for postdysenteric arthropathy with bone erosion assessment. The joint was accessed, and careful evaluation of the articular surfaces and bone erosion was performed. Pathologic findings, including cartilage erosion and bone loss, were documented. The joint was irrigated, and the arthroscope was removed. The patient tolerated the procedure well, and further treatment options were discussed.

10. Operative Note - Bone Erosion Excision and Joint Realignment: Postdysenteric arthropathy patient with bone erosion and joint instability underwent bone erosion excision and joint realignment. The eroded bone areas were meticulously excised, and realignment techniques were employed to restore joint congruity. Rigid fixation was achieved using screws, plates, or external fixators. The joint was irrigated, and the wound was closed. Postoperative X-rays confirmed improved alignment and stabilization.

Certainly! Here are 10 synthetic operative notes pertaining to "Postdysenteric arthropathy" with mention of severe bone pain:

1. Operative Note - Joint Arthroplasty for Severe Bone Pain: Patient with postdysenteric arthropathy and severe bone pain underwent joint arthroplasty. The damaged joint surfaces were carefully prepared, and a prosthetic implant was inserted to replace the affected joint. The procedure aimed to alleviate the severe bone pain and improve joint function. The joint was irrigated, and layered closure was performed. Postoperative pain management was implemented.

2. Operative Note - Joint Denervation for Severe Bone Pain: Postdysenteric arthropathy patient with severe bone pain underwent joint denervation. The sensory nerves responsible for transmitting pain signals were identified and selectively ablated using techniques such as radiofrequency ablation. The procedure aimed to relieve the severe bone pain and enhance the patient's quality of life. The joint was irrigated, and the wound was closed. Postoperatively, pain control measures were implemented.

3. Operative Note - Joint Fusion for Severe Bone Pain: Patient with postdysenteric arthropathy and severe bone pain underwent joint fusion. The damaged joint surfaces were meticulously prepared, and bone graft or fusion device was utilized to achieve bony union. Joint fusion aimed to stabilize the joint and alleviate severe bone pain. The joint was immobilized, and layered closure was performed. Postoperative pain management and rehabilitation were initiated.

4. Operative Note - Joint Decompression for Severe Bone Pain: Postdysenteric arthropathy patient with severe bone pain underwent joint decompression. The affected joint was accessed, and excessive intra-articular pressure was relieved by removing bony or soft tissue obstructions. Joint decompression aimed to alleviate severe bone pain and improve joint function. The joint was irrigated, and the wound was closed. Postoperatively, pain control measures were implemented.

5. Operative Note - Bone Erosion Debridement for Severe Bone Pain: Patient underwent bone erosion debridement for postdysenteric arthropathy and severe bone pain. The eroded bone areas were identified, and thorough debridement was performed to remove necrotic or damaged bone tissue causing the severe bone pain. The procedure aimed to alleviate pain and promote healing. Hemostasis was achieved, and the wound was closed. Postoperatively, pain management strategies were implemented.

6. Operative Note - Joint Resurfacing for Severe Bone Pain: Postdysenteric arthropathy patient with severe bone pain underwent joint resurfacing. The damaged joint surface was meticulously prepared, and a prosthetic implant or resurfacing technique was utilized to improve joint function and alleviate severe bone pain. The joint was irrigated, and layered closure was performed. Postoperative pain management and rehabilitation were initiated.

7. Operative Note - Joint Realignment for Severe Bone Pain: Patient with postdysenteric arthropathy and severe bone pain underwent joint realignment. The misaligned joint surfaces were carefully assessed, and realignment techniques were employed to alleviate severe bone pain and improve joint stability. Rigid fixation was achieved using screws, plates, or external fixators. The joint was irrigated, and the wound was closed. Postoperative pain control measures were implemented.

8. Operative Note - Bone Grafting for Severe Bone Pain: Postdysenteric arthropathy patient with severe bone pain underwent bone grafting. The damaged bone areas were carefully prepared, and bone grafts were inserted to promote healing and alleviate severe bone pain. The grafts were securely fixed using appropriate techniques. The wound was closed, and postoperative pain management strategies were implemented.

9. Operative Note - Joint Synovectomy for Severe Bone Pain: Patient underwent joint synovectomy for postdysenteric arthropathy and severe bone pain. The inflamed synovial tissue causing the severe bone pain was meticulously excised. The procedure aimed to alleviate pain and improve joint function. Hemostasis was achieved, and the wound was closed. Postoperatively, pain control measures were implemented.

10. Operative Note - Bone Erosion Evaluation for Severe Bone Pain: Postdysenteric arthropathy patient with severe bone pain underwent bone erosion evaluation. The eroded bone areas were carefully assessed, and the extent of bone involvement contributing to the severe pain was determined. The findings were documented to guide further treatment decisions. The joint was irrigated, and the wound was closed. Postoperatively, pain management strategies were implemented based on the evaluation results.

1. Operative Note - Joint Synovectomy and Debridement: Patient with postdysenteric arthropathy underwent joint synovectomy and debridement. The inflamed synovial tissue was meticulously excised, and thorough debridement was performed to remove necrotic or damaged tissue. Hemostasis was achieved, and the joint was irrigated. Closure was performed in layers. Postoperative care included pain management and early mobilization.

2. Operative Note - Joint Arthroscopy with Meniscal Repair: Postdysenteric arthropathy patient underwent joint arthroscopy with meniscal repair. The damaged meniscus was identified and repaired using sutures or anchors. The joint was thoroughly irrigated, and the arthroscope was removed. The patient tolerated the procedure well, and postoperative instructions included protected weight-bearing and rehabilitation exercises.

3. Operative Note - Joint Fusion with Bone Grafting: Patient with postdysenteric arthropathy underwent joint fusion with bone grafting. The affected joint surfaces were prepared, and bone grafts were inserted to facilitate fusion. Rigid fixation was achieved using screws or plates. The joint was immobilized, and layered closure was performed. Postoperative X-rays confirmed successful fusion.

4. Operative Note - Joint Reconstruction with Ligament Repair: Postdysenteric arthropathy patient underwent joint reconstruction with ligament repair. The damaged ligament(s) were identified and meticulously repaired using appropriate techniques. The joint was irrigated, and layered closure was performed. Postoperative immobilization and rehabilitation were initiated to optimize joint stability and function.

5. Operative Note - Joint Realignment with Osteotomy: Patient with postdysenteric arthropathy underwent joint realignment with osteotomy. The misaligned joint surfaces were carefully assessed, and a controlled bone cut was made to correct the deformity. The bone segments were repositioned and secured with screws or plates. The joint was irrigated, and the wound was closed. Postoperative X-rays confirmed improved alignment.

6. Operative Note - Joint Replacement Surgery: Postdysenteric arthropathy patient underwent joint replacement surgery. The damaged joint surfaces were excised, and a prosthetic implant was inserted. The joint was meticulously irrigated, and layered closure was performed. Postoperative pain management and rehabilitation were initiated to facilitate recovery and optimize joint function.

7. Operative Note - Tendon Transfer and Reconstruction: Patient with postdysenteric arthropathy underwent tendon transfer and reconstruction. The dysfunctional tendon(s) were identified and transferred to restore function and balance. Additional reconstructive procedures were performed as needed. The joint was irrigated, and the wound was closed. Postoperatively, the patient received instructions on rehabilitation and activity modification.

8. Operative Note - Joint Arthroplasty with Resurfacing: Postdysenteric arthropathy patient underwent joint arthroplasty with resurfacing. The damaged joint surfaces were meticulously prepared, and a prosthetic implant or resurfacing technique was used to restore joint function. The joint was irrigated, and layered closure was performed. Postoperative X-rays confirmed proper implant placement.

9. Operative Note - Joint Revision Surgery: Patient with postdysenteric arthropathy underwent joint revision surgery. The previously placed joint implant(s) were removed, and the joint was thoroughly assessed. Revision procedures were performed, including implant replacement or repair of damaged components. The joint was irrigated, and layered closure was performed. Postoperative care included pain management and monitoring for complications.

10. Operative Note - Joint Decompression and Microfracture: Postdysenteric arthropathy patient underwent joint decompression and microfracture. The affected joint was accessed, and bony or soft tissue obstructions were removed to alleviate pressure. Microfracture was performed to stimulate cartilage repair. The joint was irrigated, and the wound was closed. Postoperative rehabilitation was initiated to promote healing and restore joint function.

1. Operative Note - Joint Arthroscopy with Cartilage Debridement: Patient with postdysenteric arthropathy underwent joint arthroscopy with cartilage debridement. The damaged cartilage was meticulously excised, removing loose fragments and smoothing rough surfaces. The joint was irrigated, and the arthroscope was removed. The patient tolerated the procedure well, and postoperative instructions included pain management and activity modification.

2. Operative Note - Joint Release and Capsulotomy: Postdysenteric arthropathy patient underwent joint release and capsulotomy. The tight joint capsule was identified and released, improving joint mobility. The procedure involved appropriate incisions and meticulous dissection. Hemostasis was achieved, and the wounds were closed. Postoperatively, the patient received instructions on rehabilitation exercises and gradual return to activities.

3. Operative Note - Joint Irrigation and Antibiotic Infusion: Patient with postdysenteric arthropathy underwent joint irrigation and antibiotic infusion. The affected joint was thoroughly irrigated using sterile saline to remove inflammatory exudates and debris. Antibiotic solution was infused into the joint to address any infection. The joint was then closed, and postoperative antibiotic therapy was initiated.

4. Operative Note - Joint Synovial Biopsy for Pathological Examination: Postdysenteric arthropathy patient underwent joint synovial biopsy for pathological examination. Multiple synovial tissue samples were obtained using appropriate instruments for histopathological analysis. Hemostasis was achieved, and the wounds were closed. The samples were sent to the pathology laboratory for further evaluation and to aid in accurate diagnosis and treatment planning.

5. Operative Note - Joint Arthrodesis with External Fixation: Patient with postdysenteric arthropathy underwent joint arthrodesis with external fixation. The affected joint surfaces were prepared, and a fixator device was applied externally to maintain proper alignment and stability during fusion. The joint was immobilized, and layered closure was performed. Postoperative X-rays confirmed satisfactory alignment and fixation.

6. Operative Note - Joint Ligament Reconstruction: Postdysenteric arthropathy patient underwent joint ligament reconstruction. The damaged ligament(s) were identified and meticulously reconstructed using autograft or allograft. The joint was irrigated, and layered closure was performed. Postoperatively, the patient received instructions on rehabilitation exercises and gradual return to activities.

7. Operative Note - Joint Arthroplasty with Bone Cement: Patient with postdysenteric arthropathy underwent joint arthroplasty with bone cement. The damaged joint surfaces were meticulously prepared, and a prosthetic implant was inserted and secured using bone cement. The joint was irrigated, and layered closure was performed. Postoperative X-rays confirmed proper implant positioning and cement fixation.

8. Operative Note - Joint Exploration and Lavage: Postdysenteric arthropathy patient underwent joint exploration and lavage. The affected joint was accessed, and a thorough evaluation of the articular surfaces and synovium was performed. The joint was lavaged with sterile saline to remove inflammatory substances and debris. The joint was irrigated, and the wound was closed. Postoperatively, pain management and rehabilitation were initiated.

9. Operative Note - Joint Reconstruction with Tendon Allograft: Patient with postdysenteric arthropathy underwent joint reconstruction with tendon allograft. The damaged joint structures were carefully prepared, and an allograft tendon was used to restore joint stability and function. The joint was irrigated, and layered closure was performed. Postoperatively, the patient received instructions on rehabilitation exercises and gradual return to activities.

10. Operative Note - Joint Arthroscopy with Synovial Biopsy: Postdysenteric arthropathy patient underwent joint arthroscopy with synovial biopsy. The affected joint was accessed, and a synovial biopsy sample was obtained for further evaluation. The joint was irrigated, and the arthroscope was removed. The patient tolerated the procedure well, and the biopsy sample was sent for pathological analysis.

1. Operative Note - Joint Debridement and Irrigation for Severe Joint Infection: Patient with postdysenteric arthropathy and severe infection on the extreme moving joint underwent joint debridement and irrigation. The infected tissues were meticulously excised, and thorough irrigation with antiseptic solution was performed to eliminate the pathogens. Hemostasis was achieved, and the wound was closed. Postoperative antibiotic therapy and infection control measures were initiated.

2. Operative Note - Joint Exploratory Surgery for Severe Infection: Postdysenteric arthropathy patient with severe infection on the extreme moving joint underwent joint exploratory surgery. The affected joint was accessed, and careful examination was performed to identify the source and extent of infection. Debridement of necrotic tissues and collection of intraoperative specimens for microbial culture were carried out. The joint was irrigated, and layered closure was performed. Postoperative antibiotic therapy was initiated based on culture results.

3. Operative Note - Joint Washout and Drain Placement for Severe Joint Infection: Patient with postdysenteric arthropathy and severe infection on the extreme moving joint underwent joint washout and drain placement. The joint was thoroughly irrigated with sterile solution to remove pus and infectious materials. A drain was inserted to facilitate continuous drainage of fluid. The joint was closed, and postoperative antibiotic therapy and wound care were initiated.

4. Operative Note - Joint Fusion with Infection Control: Postdysenteric arthropathy patient with severe infection on the extreme moving joint underwent joint fusion with infection control measures. The infected joint surfaces were prepared, and bone graft or fusion device was inserted to promote fusion. Rigid fixation was achieved using screws or plates. The joint was immobilized, and layered closure was performed. Postoperative antibiotic therapy and infection monitoring were initiated.

5. Operative Note - Joint Amputation for Severe Infection: Patient with postdysenteric arthropathy and severe infection on the extreme moving joint underwent joint amputation. The infected joint was carefully dissected and removed, and the surrounding soft tissues were debrided. Hemostasis was achieved, and wound closure or coverage was performed. The patient received postoperative antibiotic therapy and was provided with appropriate prosthetic or functional support.

6. Operative Note - Joint Resection Arthroplasty for Severe Infection: Postdysenteric arthropathy patient with severe infection on the extreme moving joint underwent joint resection arthroplasty. The infected joint surfaces were carefully excised, and the joint was reconstructed using appropriate techniques, such as interposition arthroplasty or spacer placement. The joint was irrigated, and layered closure was performed. Postoperative antibiotic therapy and infection control measures were initiated.

7. Operative Note - Joint Revision Surgery for Severe Infection: Patient with postdysenteric arthropathy and severe infection on the extreme moving joint underwent joint revision surgery. The previously placed joint implant(s) were removed, and the infected tissues were meticulously debrided. Revision procedures were performed, including implant replacement or repair of damaged components. The joint was irrigated, and layered closure was performed. Postoperative antibiotic therapy and infection monitoring were initiated.

8. Operative Note - Joint Salvage Procedure for Severe Infection: Postdysenteric arthropathy patient with severe infection on the extreme moving joint underwent joint salvage procedure. The infected joint was accessed, and aggressive debridement of infected tissues was performed. Local antibiotic beads or spacers were placed to provide targeted antimicrobial therapy. The joint was irrigated, and layered closure was performed. Postoperative antibiotic therapy, wound care, and close monitoring for infection were initiated.

9. Operative Note - Joint Resurfacing with Infection Control Measures: Patient with postdysenteric arthropathy and severe infection on the extreme moving joint underwent joint resurfacing with infection control measures. The infected joint surfaces were meticulously prepared, and a prosthetic implant or resurfacing technique was utilized. Intraoperative measures, such as thorough irrigation and antibiotic impregnation, were taken to minimize infection risk. The joint was closed, and postoperative antibiotic therapy and infection monitoring were initiated.

10. Operative Note - Joint Stabilization and Infection Management: Postdysenteric arthropathy patient with severe infection on the extreme moving joint underwent joint stabilization and infection management. The infected joint was stabilized using appropriate techniques, such as external fixators or internal fixation devices. Aggressive debridement and irrigation of infected tissues were performed. Postoperative antibiotic therapy, wound care, and infection control measures were initiated.

1. Operative Note - Joint Synovectomy for Severe Inflammation: Patient with postdysenteric arthropathy and severe joint inflammation underwent joint synovectomy. The inflamed synovial tissue was meticulously excised to alleviate inflammation and improve joint function. Hemostasis was achieved, and the wound was closed. Postoperatively, the patient received instructions on pain management and rehabilitation exercises.

2. Operative Note - Joint Lavage and Debridement for Inflammation Control: Postdysenteric arthropathy patient with significant joint inflammation underwent joint lavage and debridement. The joint was thoroughly irrigated with sterile saline to remove inflammatory exudates and debris. Meticulous debridement was performed to remove necrotic or damaged tissue. The joint was closed, and postoperative instructions included pain management and activity modification.

3. Operative Note - Joint Fusion for Chronic Inflammation: Patient with postdysenteric arthropathy and chronic joint inflammation underwent joint fusion. The affected joint surfaces were prepared, and bone graft or fusion device was inserted to achieve bony union and reduce inflammation. Rigid fixation was achieved using screws or plates. The joint was immobilized, and layered closure was performed. Postoperative rehabilitation and inflammation control measures were initiated.

4. Operative Note - Joint Arthroplasty for Refractory Inflammation: Postdysenteric arthropathy patient with refractory joint inflammation underwent joint arthroplasty. The damaged joint surfaces were meticulously prepared, and a prosthetic implant was inserted to replace the affected joint. The procedure aimed to alleviate inflammation and improve joint function. The joint was irrigated, and layered closure was performed. Postoperative inflammation control measures and rehabilitation were implemented.

5. Operative Note - Joint Debridement and Biologic Treatment for Inflammation: Patient with postdysenteric arthropathy and persistent joint inflammation underwent joint debridement and biologic treatment. Meticulous debridement was performed to remove inflamed and damaged tissue. Biologic agents, such as corticosteroids or immunomodulatory drugs, were administered to reduce inflammation. The joint was closed, and postoperative instructions included pain management and close monitoring of inflammatory response.

6. Operative Note - Joint Realignment for Inflammation Control: Postdysenteric arthropathy patient with joint inflammation underwent joint realignment. The misaligned joint surfaces were carefully assessed, and realignment techniques were employed to alleviate inflammation and improve joint stability. Rigid fixation was achieved using screws, plates, or external fixators. The joint was irrigated, and layered closure was performed. Postoperative inflammation control measures and rehabilitation were initiated.

7. Operative Note - Joint Irrigation and Anti-inflammatory Medication Infusion: Patient with postdysenteric arthropathy and acute joint inflammation underwent joint irrigation and anti-inflammatory medication infusion. The joint was thoroughly irrigated with sterile saline to remove inflammatory exudates. Anti-inflammatory medications, such as corticosteroids or nonsteroidal anti-inflammatory drugs (NSAIDs), were infused intra-articularly to reduce inflammation. The joint was closed, and postoperative pain management and inflammation control measures were implemented.

8. Operative Note - Joint Resurfacing with Anti-inflammatory Treatment: Postdysenteric arthropathy patient with joint inflammation underwent joint resurfacing with concurrent anti-inflammatory treatment. The damaged joint surface was meticulously prepared, and a prosthetic implant or resurfacing technique was used to restore joint function. Anti-inflammatory medications, such as corticosteroids or biologics, were administered to reduce inflammation. The joint was irrigated, and layered closure was performed. Postoperative pain management and inflammation control measures were initiated.

9. Operative Note - Joint Release and Capsulotomy for Inflammation Relief: Patient with postdysenteric arthropathy and joint inflammation underwent joint release and capsulotomy. The tight joint capsule was identified and released to alleviate inflammation and improve joint mobility. The procedure involved appropriate incisions and meticulous dissection. Hemostasis was achieved, and the wounds were closed. Postoperatively, the patient received instructions on pain management and rehabilitation exercises.

10. Operative Note - Joint Arthroscopy with Synovial Biopsy and Inflammation Assessment: Postdysenteric arthropathy patient with joint inflammation underwent joint arthroscopy with synovial biopsy and inflammation assessment. The affected joint was accessed, and a synovial biopsy sample was obtained for further evaluation of inflammatory markers. The joint was irrigated, and the arthroscope was removed. Postoperative instructions included pain management and appropriate anti-inflammatory treatment based on biopsy results.