Case report: A 57-year-old patient with type 2 diabetes mellitus with degenerative complications was admitted to the hospital for amputation of the 1st and 3rd left toes. One week after surgery, the patient developed an inflammatory left L5 lumbosciatica. Blood analysis showed anemia and both elevated C-reactive protein (CRP): 173 mg/L and ESR=75 mm H1. Standard radiography showed an irregularity of the 2 vertebral plates L3-L4 with a pinched disc. Spinal MRI showed multifocal spondylodiscitis L3-L4, D6-D7 and D8 -D9. The diagnosis of an infectious pyogenic spondylodiscitis was established. The patient was put on a probabilistic anti-staphylococcal antibiotic therapy based on teicoplanin (400 mg/d with a loading dose of 800 mg/d for 3 d) and cefotaxime. Our patient, already anemic, developed severe febrile leuko-neutropenia and thrombocytopenia after 10 d of treatment. Echocardiography did not objectify infective endocarditis. Teicoplanin induced agranulocytosis was considered and the treatment was stopped. Hematological values reverted to normal six days after.
Conclusion: The prevalence of teicoplanin-induced agranulocytosis remains relatively rare (0.33%) and often reversible upon discontinuation of the drug, as was the case in our patient. The mechanism may be immunological or toxic. Teicoplanin induced agranulocytosis remains an exceptional complication compared to excellent tolerance and efficacy. Thus, close hematological monitoring would be essential when treating patients with teicoplanin.

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PREDICTORS OF EMOTIONAL WELL-BEING IN FEMALE PATIENTS WITH KNEE OSTEOARTHRITIS: PILOT STUDY

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Objective: Joint structures damage in patients with osteoarthritis (OA) is associated with pain, deformity, functional disability and significantly lower health-related quality of life compared to people without OA. It is known that the degree of disability is related to mental health and that impaired mental health is associated with a worse treatment outcome in patients with knee OA. Therefore, it is crucial to identify predictors that could be related to emotional well-being, as a component of mental health, in patients with knee OA. This study aims to investigate the influence of different risk factors on emotional well-being in patients with knee OA.
Methods: This retrospective cross-sectional study included 38 postmenopausal women with OA (structural damage II and IV according to Kellgren–Lawrence scale) aged 60-75 years treated at the Special Hospital for Rheumatic Diseases Novi Sad, Serbia from February 2022 to September 2022. Body mass and body height were measured for all respondents. Descriptive analyses were conducted on health status, and SF-36 RAND subscales. To examine the association between emotional well-being with comorbidity and the SF-36 RAND subscale score, we performed a series of univariate linear regression models. Statistical analysis was carried out using IBM SPSS Statistics for Windows, Version 24.0. (IBM Corp., Armonk, NY, USA).
Results: A larger number of comorbidities in patients with knee OA was significantly associated with worse emotional well-being (β -0.44; 95%CI: -4.50 – -1.61; p<0.001). Better physical (β 0.25; 95%CI: 0.01 – 0.28; p=0.030) and social functioning (β 0.38; 95%CI: 0.11 – 0.40; p=0.001) were associated with better emotional well-being. The grade of structural damage, pain intensity, BMI, and age were not associated with emotional well-being in patients with knee OA (p>0.05).
Conclusion: Risk factors associated with poorer emotional well-being in patients with knee OA include a larger number of comorbidities, whiles better physical and social functioning are associated with better emotional well-being.

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ASSOCIATION BETWEEN DYSGLYCEMIA AND KNEE OSTEOARTHRITIS

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Objective: In the last two decades, the incidence and prevalence of diabetes mellitus type II (T2DM) have almost doubled, and a high incidence of type T2DM among patients with knee osteoarthritis (OA) has been reported. The present study aimed to examine the relationship between dysglycemia and knee OA.
Methods: The sample for the study comprised 77 postmenopausal women aged 60-75 years treated at the Special Hospital for Rheumatic Diseases Novi Sad, Serbia from February 2022 to September 2022. They all reported pain in their knees ≥3 according to The Numerical Pain Rating Scale (NPRS). The experimental group (45) consisted of subjects with structural damage on their knees (according to Kellgren-Lawrence (KL) scale II-IV), while the control (32) group consisted of subjects without structural damage (KL 0-I). Additionally, patients in both groups were divided into 3 subgroups based on fasting glucose levels: I (≤6 mmol/l), II (6.1 to 6.9 mmol/l) and III (≥7.0 mmol/l). Clinical parameters related to knees were assessed through The Lequesne index. Statistical analyses were performed using IBM SPSS Statistics for Windows, Version 24.0. (IBM Corp., Armonk, NY, USA)
Results: Respondents with different fasting glucose levels were uniform concerning BMI in both the experimental (p=0.535) and