were instaured. Successive cultures of this infection and the second in prosthatic joint.

On day 20 the prosthesis was removed and replaced in a two-staged procedure or an odontogenic infection source or as a latent infection from other oropharyngeal events. When the blood culture was positive, the patient was given amoxicillin/clavulanate for ten days. Samples of blood and joint fluid were obtained, and cloxacillin (2 mg intravenously every 8 hours) treatment was administered. When the fluid joint cultures should be considered in the patients with joint arthroplasties undergoing dental procedures with a high incidence of transient bacteremia. Late infections of prosthetic joint are often presented as a worsening pain, without fever or leukocytosis, so they are difficult to diagnose. In order to properly isolate them, the time of incubation of the fluid joint cultures should be extended. This organism should be included in the list of pathogens causing infection of an arthroplasty.

References