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[O100] POSTOPERATIVE INFECTIONS AFTER ARTHROSCOPIC ROTATOR CUFF REPAIR. TREATMENT AND RESULTS IN A PROSPECTIVELY REGISTERED COHORT

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Aim: Acute postoperative infection is reported to occur in 0.3-2% after arthroscopic rotator cuff repair. Few reports have addressed this dreaded complication although the costs are high both for the patient and for society. The aim of this prospective study was to describe incidence, treatment and outcome after acute postoperative infections following arthroscopic rotator cuff repair.

Method: Patients undergoing arthroscopic rotator cuff repair in our department have been prospectively registered since 2009. 11 out of 1072 patients undergoing surgery developed an acute postoperative infection. The patients were examined with an MRI scan and/or functional scores (Constant Murley (CM) and WORC) at final follow-up.

Results: All 11 patients that developed acute postoperative infections were male. Mean age was 54 (41-68) years. Except for male gender, no common underlying predisposing risk factor for infection could be identified. 1/11 patient had diabetes mellitus and 2/11 smoked. Average BMI was 27 (21-36). 1/11 was categorized as ASA 3 and the rest of the patients were ASA 1 and 2.

All patients underwent arthroscopic debridement and biopsies were collected 26 (14-50) days after primary surgery. In 10 patients *Propionibacterium acnes* was cultured, and 6 of these patients also had positive cultures for coagulase negative staphylococci. In the remaining patient only coagulase negative staphylococcus was cultured.

5/11 patients were treated with one arthroscopic debridement, 5/11 had two arthroscopic debridements, whereas 1/11 required arthroscopic debridement four times before the infection was eradicated. Only 2/11 patients had to have their implants removed during the reoperation due to loosening of the suture anchors.

All 11 patients were treated with parenteral antibiotics for 7-28 days, followed by oral treatment for 1-5 weeks, and all infections had resolved at final follow-up. Median CM score was 84 and median WORC score was 81% at follow-up median 22(11-28) months. 10 patients had a postoperative MRI scan after median 23 (3-49) months, 8 of them showing a healed cuff repair.

Conclusions: Acute postoperative infections after arthroscopic rotator cuff repair can be eradicated with arthroscopic debridement(s) and removal of implants may not be necessary if patency is adequate. Despite the postoperative acute infection our patients presented good functional results and were satisfied at last follow-up.