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[O92] PERIPROSTHETIC FUNGAL INFECTIONS, OUTCOMES AND PREDICTIVE FACTORS

Manpreet Sidhu¹, Pauline Jumaa¹, Michael Parry¹, Lee Jeys¹, Jonathon Stevenson¹

¹Royal Orthopaedic Hospital, Birmingham, United Kingdom

Aim: Periprosthetic joint infections (PJI) are rare and require complex multi-disciplinary management. Successful single and two-stage revision procedures have been described. We describe the clinical features of this rare diagnosis from a single institution.

Method: Patients were identified retrospectively from a prospectively collected institutional infection database. Clinical notes were evaluated for demographic, comorbid and clinical outcomes. The diagnosis of PJI, and any recurrence following treatment, was made in accordance with the Musculoskeletal Infection Society criteria. Failure was defined as recurrence of infection necessitating implant removal, excision arthroplasty or amputation.

Results: Between 2005 and 2015, 25 patients were diagnosed with fungal PJIs involving hip(7) and knee(13) arthroplasties and endoprostheses(5). All included patients met the MSIS criteria for PJI. 88% had polymicrobial infections, 88% had multiply revised joints and 88% had coexisting multidrug resistant bacterial infections. Surgical protocol consisted of single stage (4) and two-stage (20) revision and excision arthroplasty. At mean three years follow-up (range 1 to 9 years) 19 patients were available for follow-up as six had died. At final follow-up there were 11 failures: one excision arthroplasty, two cases of recurrent PJI (8%) and 8 (32%) amputations.

Conclusions: Revision specialists should maintain a low threshold for consideration of fungal PJI, particularly in the polymicrobial and multiply-revised cases. The detection of fungal organisms in multiorganism PJI is strongly associated with amputation and patients should be counselled at the outset.