

DOUBLE WHAMMY - METACHRONOUS PROSTHETIC JOINT INFECTION

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Introduction: Prosthetic joint infection is a complex and long process, generally requiring stages of surgeries and prolonged antibiotics¹. The author reports of a rare case of Prosthetic Joint Infection (PJI) of an Ipsilateral Total Hip & Knee Arthroplasty.

Discussion: A 52 years old lady has undergone right total knee replacement (TKR) in 2013 for right knee osteoarthritis and right total hip replacement (THR) in 2015 for right hip osteoarthritis. 1 year after the THR, patient presented with persistent right hip pain. X-rays showed loosening of the femoral stem, thus clinically treated as PJI after laboratory parameters for infection were negative. Two stage revision of THR was planned. First stage of the operation involves stem removal and antibiotic spacer insertion. It was complicated with iatrogenic failure of broken reamer tip and iatrogenic midshaft femoral fracture. Removal of reamer remnant, right acetabular cup and antibiotic spacer was performed 2 weeks later and K-nail was inserted for femur fracture fixation. 3 months later, she presented with signs of right knee prosthetic joint infection; persistent right knee pain and swelling. 12cc straw fluid aspirated from the knee but yield negative result for infection. Right knee PJI was diagnosed clinically and two stage revision was performed. First stage of arthrotomy washout, implant removal and insertion of knee spacer of right knee was uneventful. 6 months later, patient undergone revision right THR and subsequently revision right TKR 9 months later. Throughout the treatment, all cultures intraoperatively grew negative. She is now 2 years from the revision and is currently ambulating well and pain free.

Conclusion: Managing ipsilateral multiple infected arthroplasty possess challenges in terms of planning of revision for both joints. Intraoperative complication prevention need to be addressed to reduce post-operative morbidity. Presence of culture negative prosthetic joint infection also provides dilemma in deciding the best choice of antibiotics.