

THERE IS A DIFFERENCE BETWEEN GIVING UP AND KNOWING WHEN YOU HAVE HAD ENOUGH: CANDIDA PARAPSILOSIS

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Introduction: Fungal prosthetic joint infection after total knee arthroplasty is a rare and devastating complication. In recent years, there has been an increasing number of C parapsilosis infections reported, with their pathogenesis associated with many factors, included adhesion, biofilm formation, and hydrolytic enzymes. Hydrolase has been an important virulence factor and has played an important role in the invasion process. 78 years old lady with history of left total knee arthroplasty two years previously presented with knee pain and swelling for weeks. Patient was ambulating well post operatively till one month prior when she had a fall. Since that she had worsening of pain and swelling. Examination showed wound over lateral aspect of knee with gross swelling and erythema. Patient underwent wound debridement and cement spacer insertion.

Discussion: Intraoperative culture showed candida parapsilosis from synovial fluid. She underwent multiple debridement and exchange cement spacer. However the wound and inflammatory markers was not improving. She was started on amphotericin B for 2 months duration and later with anidulafungin. During hospitalisation, her general condition deteriorated and complicated with hospital acquired pneumonia, lung abscess and catheter related infection. Prior to her 4th surgery, extensive discussion was made with patient and family members. All surgical option was given including exchange cement spacer, fusion of knee and amputation. While performing her surgery, she developed haemorrhagic shock and metabolic acidosis. The decision was made to proceed with above knee amputation.

Conclusion: Periprosthetic infection with fungi, although rare, represents a diagnostic and therapeutic challenge for which clear guidelines have not yet been established. The lack of reliable antifungal medications for systemic and, in particular, local delivery poses a real challenge in pathogen-directed treatment. In certain situations, when other treatment options have been exhausted, patients with a failed total knee replacement may become candidates for above-the-knee amputation.