Low Percentage of Patients with Chronic PJI Meet Criteria for Single-stage Exchange Arthroplasty

Periprosthetic joint infection (PJI) occurs in 0.5–2% of patients undergoing lower extremity arthroplasty, and its surgical management is controversial.

The reinfection risk in patients undergoing two-stage exchange, who might have met selection criteria for single-stage exchange, is unknown.

What percentage of patients with chronic PJI met the International Consensus Meeting (ICM) criteria for single-stage exchange arthroplasty?

Is the risk of persistent or recurrent infection lower for patients treated with two-stage exchange who met ICM criteria for single-stage exchange than it is for those who did not meet those indications?

The authors expected a lower reinfection risk in patients who qualified for single-stage exchange (but underwent a 2-stage exchange), since these patients were in general more physiologically robust; this was not observed. Future studies will need to seek to confirm or refute these findings.

No difference was found in the risk of persistent or reinfection at 2-year follow-up between the two groups.

Although single-stage exchanges can help patients avoid a second operation and improve pain and function, the authors expected a lower reinfection risk in those who qualified for single-stage exchange, but this was not the case.

Only a small proportion of patients with chronic periprosthetic joint infection (PJI) would be suitable for single-stage direct exchange arthroplasty.

A Low Percentage of Patients Satisfy Typical Indications for Single-stage Exchange Arthroplasty for Chronic Periprosthetic Joint Infection

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