



ESSKA-EKA survey about Periprosthetic joint infection

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Periprosthetic joint infection (PJI) is a devastating condition and it is important to establish well-defined methods of diagnosing and treating PJI. A task force comprising orthopaedic surgeons and clinical researchers who have published in the field of PJI was established, and they developed a questionnaire to understand the practice patterns of European surgeons for the diagnosis and treatment of PJI.

A literature search was first performed, and multiple points of discussion were organised and distributed to the task force members for evaluation and further input. The results of the discussion were collected by an independent investigator, and compiled into a preliminary questionnaire. After further discussion and consensus agreement, a final questionnaire consisting of 28 clinically-relevant questions was established (please see Appendix on www.esska.org). The final items of the survey were incorporated into an online form using a web-based survey tool (Survey Monkey, Portland, OR). The prospective questionnaire was administered from August 2015 to March 2016 to arthroplasty surgeons in Europe through the European Society of Sports Traumatology, Knee Surgery & Arthroscopy (ESSKA) with the support of the European Knee Associates (EKA). A link was also published on the EKA website.

A total of 262 surgeons responded over the time period that the survey was administered. The results of the survey demonstrated that for the diagnosis of PJI, most respondents utilise serum C-reactive protein (CRP), tissue biopsies and x-rays to aid with diagnosing PJI. Most surgeons do not sonicate implants, stating that there are difficulties associated with accessibility and cost of utilizing this specific diagnostic tool.

For the definition of PJI, the majority of European knee surgeons define an acute PJI as <3 months, delayed PJI as 3-12 months, and late/chronic PJI as >12 months. For the treatment of PJI, most surgeons treat acute PJI with debridement and polyethylene exchange, but higher volume surgeons treat acute PJI with one-stage exchange arthroplasty when the organism is known. Delayed PJI is often treated with two-stage exchange arthroplasty.

This survey highlighted that there are many areas of consensus among European knee surgeons with regards to the diagnosis and treatment of PJI, but the survey also showed that there is still a lack of consensus regarding the management of these difficult patients. However, due to the increase in the number of arthroplasty procedures we will perform in the future, there will be a greater number of PJI cases as well. For that reason, an international multicenter study is planned in order to be able to collect data prospectively to bring more light into the darkness of the management of PJI.