

ANTIMICROBIAL THERAPY FOR PROSTHETIC JOINT INFECTION

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Following surgical sampling, empiric broad-spectrum intra venous antibiotic therapy (e.g. vancomycin and meropenem) should be given. This can be rationalised when culture results are available. In culture-negative cases, ongoing therapy to cover the most likely pathogens should be instituted. surgical approach, with 6 weeks for those in whom prosthetic material is completely removed versus 6 months for patients undergoing a 'DAIR' strategy , and prolonged (occasionally lifelong) treatment for patients in whom all other options are contraindicated or intolerable. In a few patients, the best therapy is no intervention, when chronic low-grade symptoms are well controlled and preferable to the risks of either surgery or long-term antibiotic therapy . The antibiotic regimen should be planned with the advice of a microbiologist and supervised carefully to promote compliance and to detect and manage side effects . Monitoring of the joint is largely on clinical grounds; biomarkers including CRP are not predictive of treatment failure. Serial radiographs are helpful to detect progressive bone loss, which may be an indicator of recurrent active infection and can predispose to periprosthetic fracture and implant loosening.

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