ANTIMICROBIAL THERAPY FOR PROSTHETIC JOINT INFECTION AND FRACTURE-RELATED 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 co ver 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 pa tients 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 ther - apy 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 com - pliance and to detect and manage side e ff ects . Monitoring of the joint is largely on clinical grounds; biomarkers including CRP ar e not predictive of tr eatment 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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