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Conservative treatment of staphylococcal prosthetic joint infections in elderly patients.

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BACKGROUND: We report the outcome of debridement and prosthesis retention plus long-term levofloxacin/rifampicin treatment of prosthetic joint infections.

METHODS: Staphylococcal prosthesis joint infections were defined by positive culture of joint aspirate, intraoperative debridement specimens, or sinus tract discharge in the presence of clinical criteria. Patients received long-term oral levofloxacin 500 mg and rifampicin 600 mg once per day. Sixty patients (age 74.6+/-8.4 years) were included.

RESULTS: Coagulase-negative staphylococci were significantly more frequently isolated in the knee (78.6%; $P=.00001$). Of the *Staphylococcus aureus* isolates, 33.3% were methicillin-resistant. Time from arthroplasty to symptoms onset was higher ($P=.03$) in coagulase-negative staphylococci infections. Global failure was 35% (higher for the knee) and ranged from 16.6% to 69.2% ($P=.0045$) in patients with symptoms duration of less than 1 month to more than 6 months. A shorter duration of symptoms ($P=.001$) and time to diagnosis ($P=.01$) were found in cured patients versus patients showing failure. Among those with *S. aureus* infections, a higher failure rate was found with methicillin-resistance.

CONCLUSIONS: Efficacy was higher in patients with shorter duration of symptoms, earlier diagnosis, hip infections, and methicillin susceptibility.

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