**Corynebacterium bone and joint infection (BJI)**

A retrospective cohort from a BJI reference center

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**Aim**

- Description of clinical features of all patients and with proven Corynebacterium BJI followed up at the Lyon teaching hospital reference centre
- Assessment of determinants of treatment failure

1Persistent infection or relapse or second surgery for sepsis or superinfection or death related to BJI

**Method**

- Retrospective cohort study in a tertiary hospital reference center (CRIOAc Lyon, France) between 2007 and 2016
- Including All patients presenting a proven Corynebacterium BJIs:
  - ≥ 2 culture-positive intraoperative samples with the same pathogen AND treated as such by the ID physician
- Excluding decubitus ulcer- and diabetic foot-related BJIs

**Conclusion**

1. *Corynebacterium* BJI = uncommon, chronic and plurimicrobial
2. High failure rate (40%), associated with:
   - Inappropriate surgical management
   - Use of daptomycin as first line regimen?
3. Should we avoid the use of Daptomycin, or use only in combination therapy?

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