

Révision pour infection

Pertinence des examens complémentaires lors d'une suspicion d'infection (Biologie)

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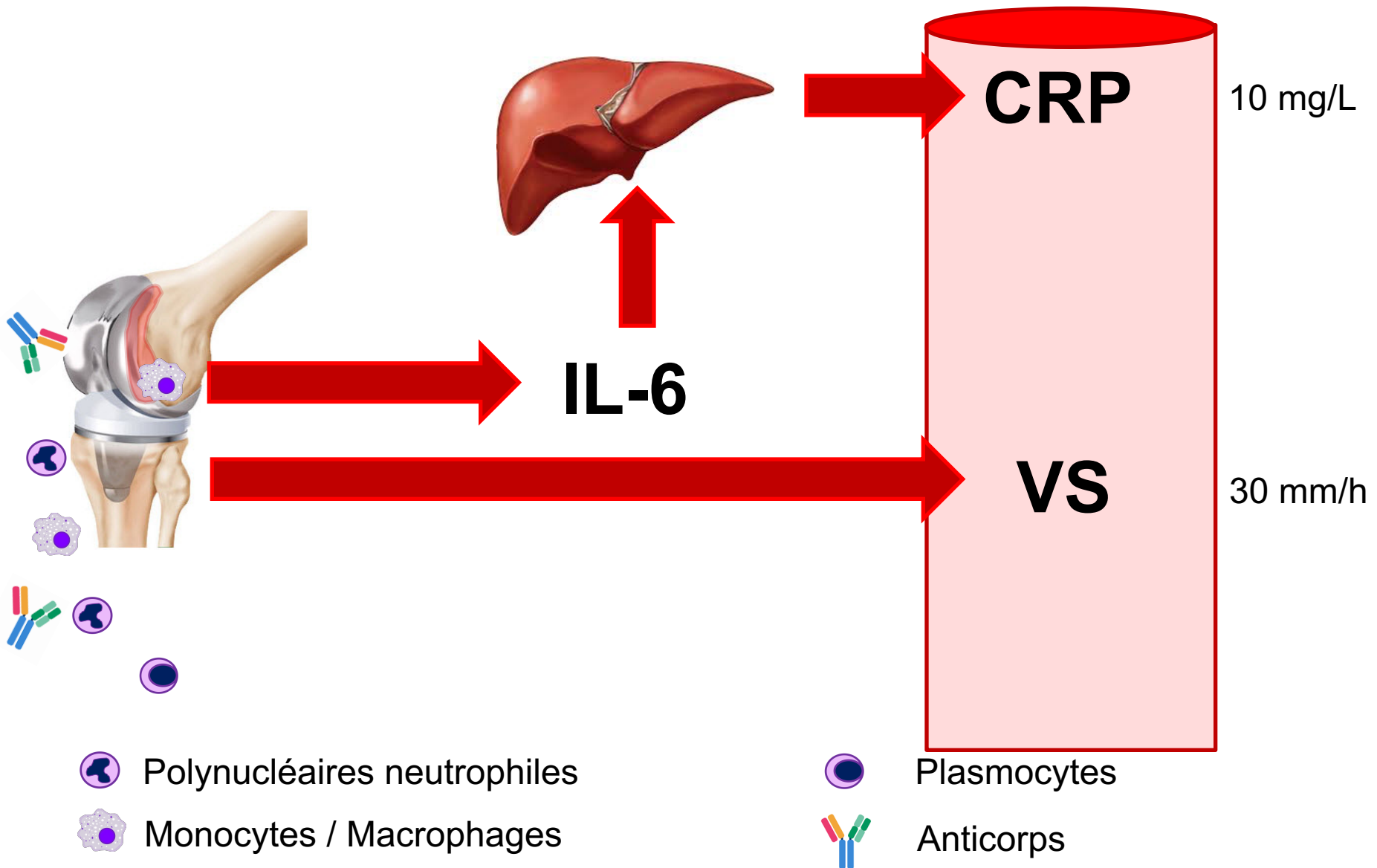
Centre International de Recherche en Infectiologie, CIRI, Inserm U1111, CNRS
UMR5308, ENS de Lyon, UCBL1, Lyon, France

Centre Interrégional Rhône-Alpes Auvergne
de Référence des IOA complexes



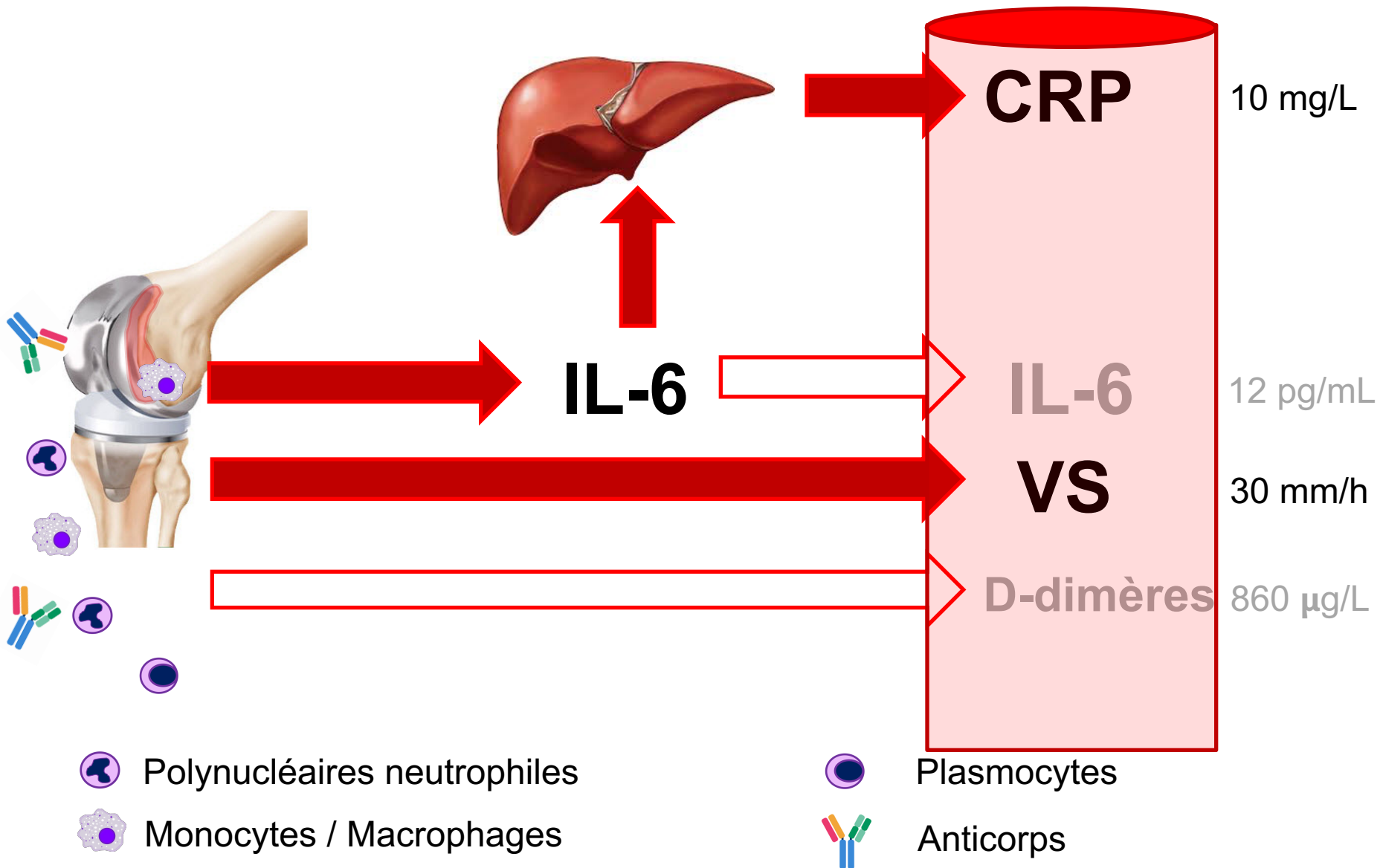
Biologie sanguine

Cut-off

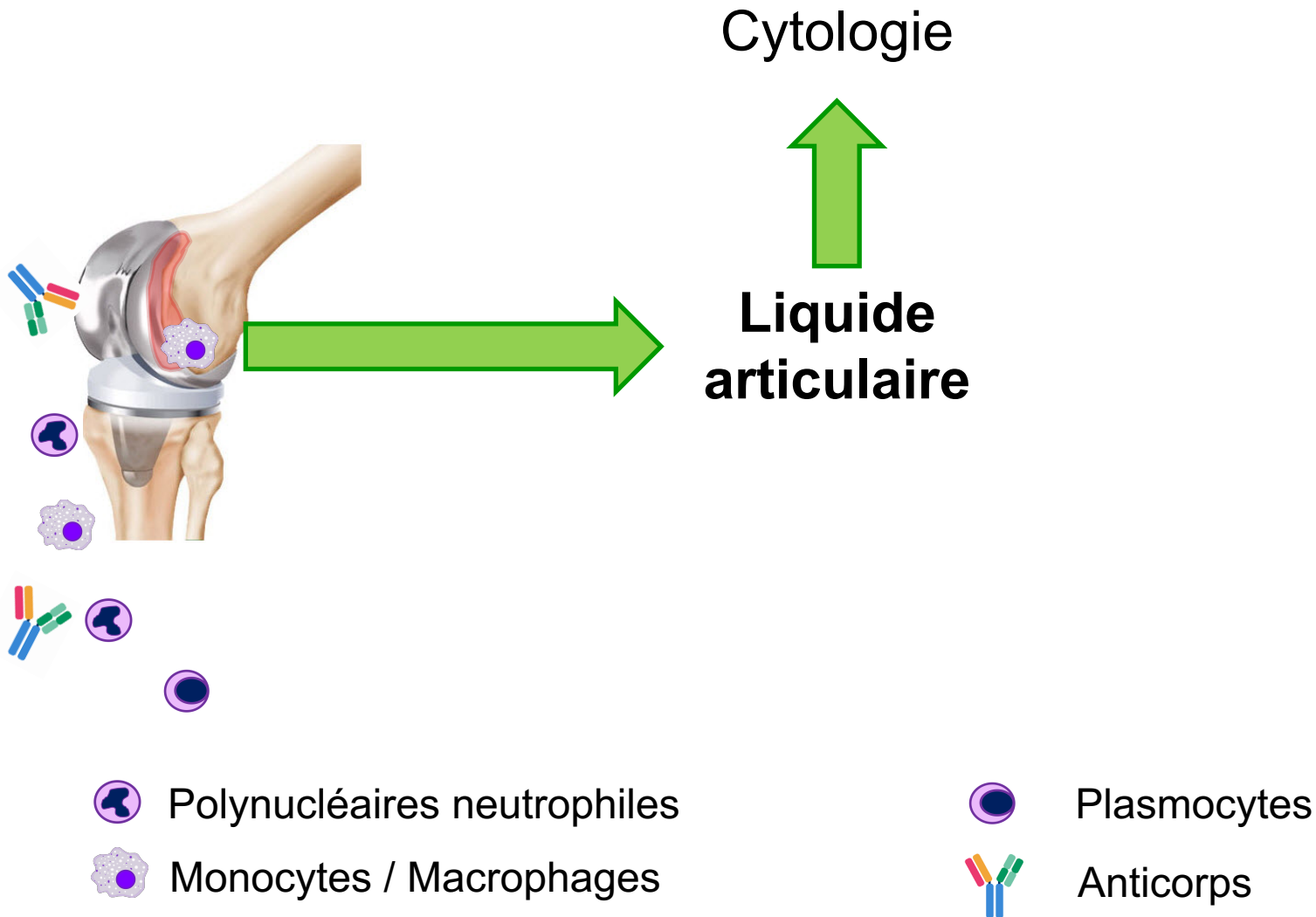


Biologie sanguine

Cut-off

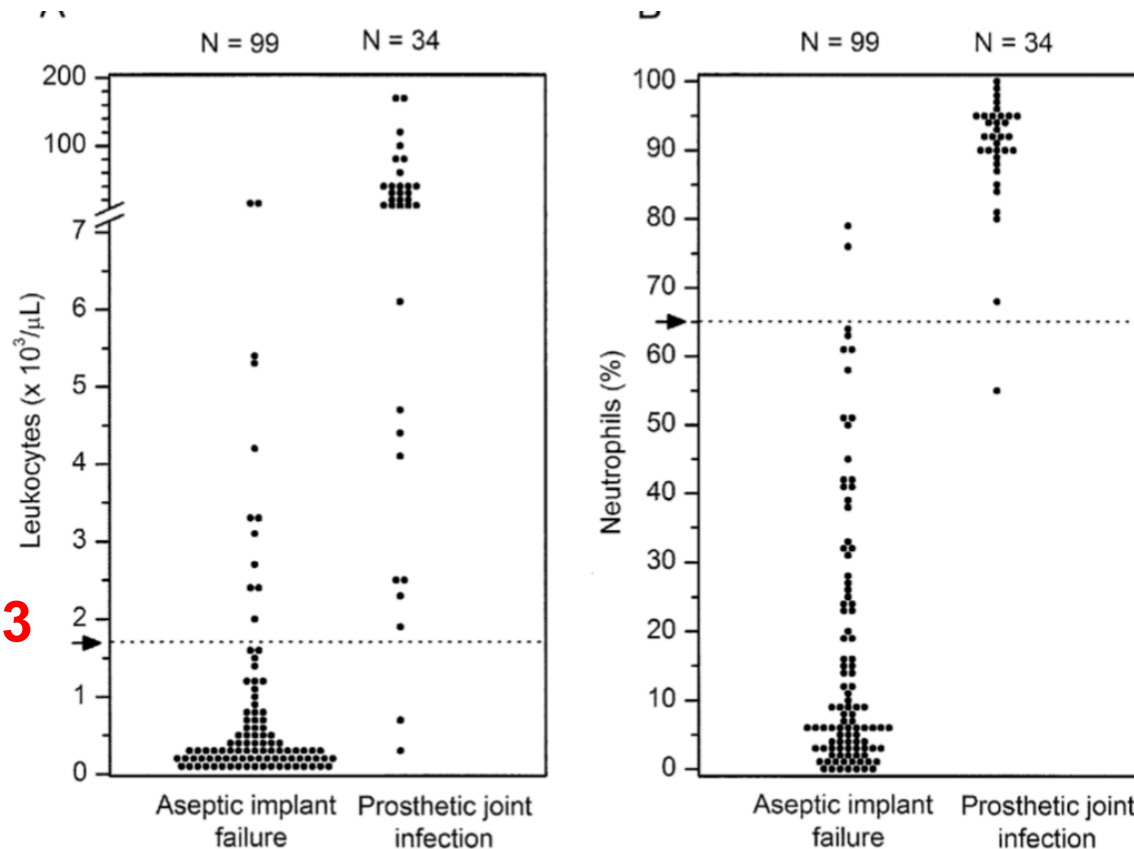


Données disponibles pré-op



Synovial Fluid Leukocyte Count and Differential for the Diagnosis of Prosthetic Knee Infection

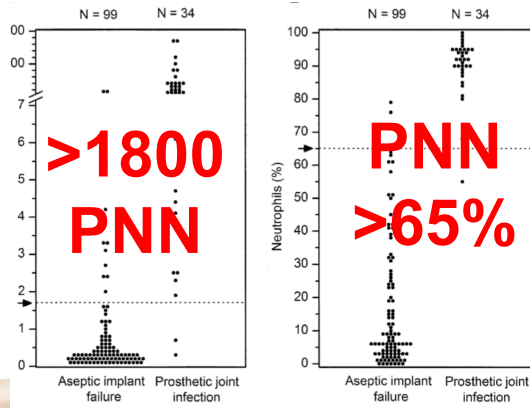
Andrej Trampuz, MD, Arlen D. Hanssen, MD, Douglas R. Osmon, MD, MPH,
Jayawant Mandrekar, PhD, James M. Steckelberg, MD, Robin Patel, MD



**>65%
PNN**

Figure 1. Distribution of synovial fluid leukocyte count (A) and neutrophil percentage (B), by type of prosthetic knee arthroplasty failure. Dotted lines indicate proposed cutoff values to differentiate aseptic failure from prosthetic joint infection.

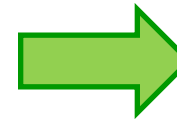
Données disponibles pré-op



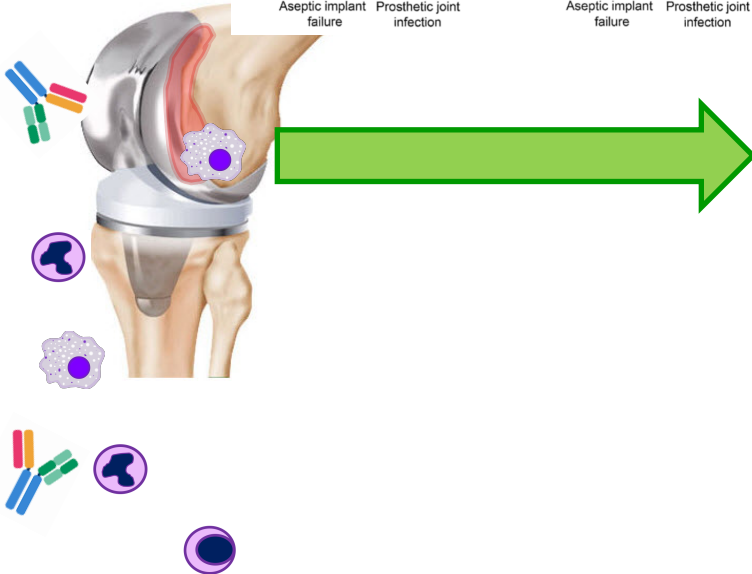
Cytologie



Liquide
articulaire



Bactériologie



 Polynucléaires neutrophiles

 Monocytes / Macrophages

 Plasmocytes

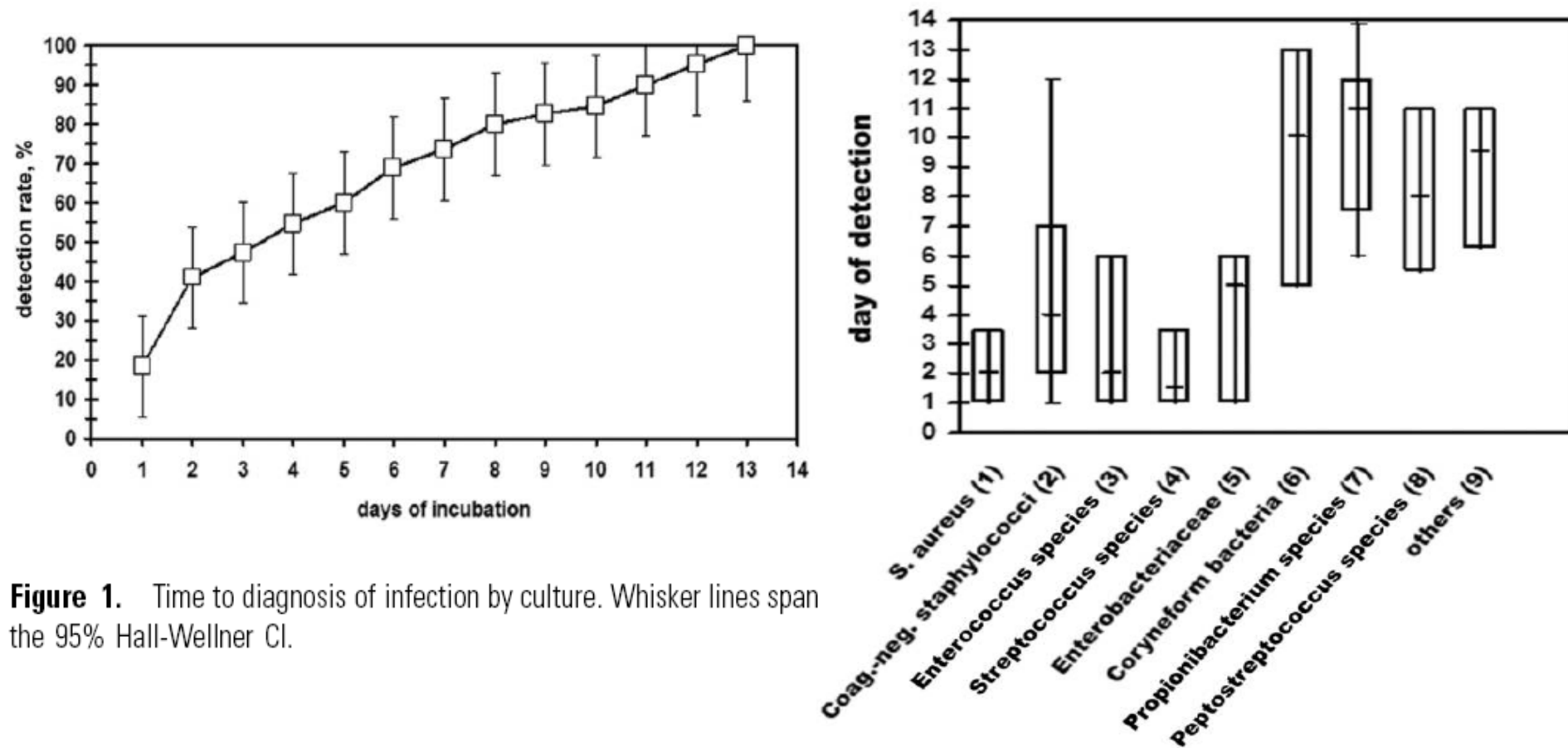
 Anticorps

Prolonged Bacterial Culture to Identify Late Periprosthetic Joint Infection: A Promising Strategy

Peter Schäfer,¹ Bernd Fink,² Dieter Sandow,¹ Andreas Margull,¹ Irina Berger,³ and Lars Frommelt⁴

¹Ambulatory Healthcare Center, Labor Ludwigsburg, Ludwigsburg, ²Clinic of Joint Replacement, General and Rheumatic Orthopaedics, Orthopaedic Clinic Markgröningen, Markgröningen, ³Institute of Pathology, Klinikum Kassel, Kassel, and ⁴ENDO-Klinik, Hamburg, Germany

Clin Infect Dis. 2008, 47(11):1403-9.

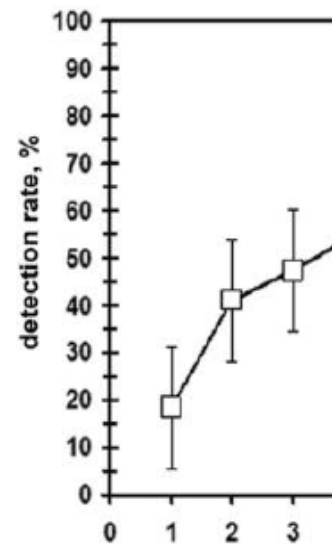


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Clin Infect Dis. 2008, 47(11):1403-9.



**Flacons
hémocultures**

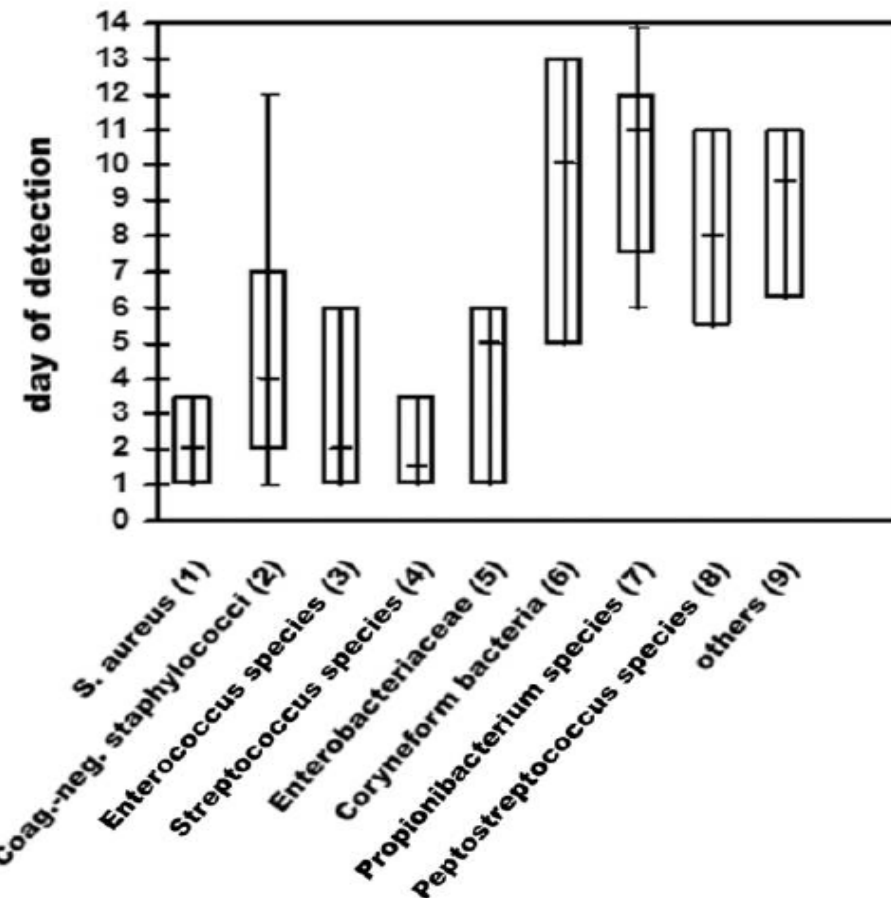


Figure 1. Time to diagnosis of late periprosthetic joint infection using the 95% Hall-Wellner C

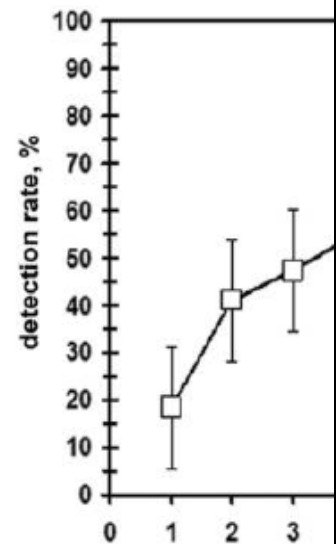
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**Flacons
hémocultures**

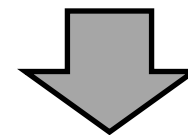
day of detection

14

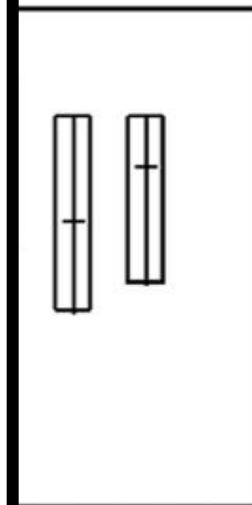
span



**Poudrier
stérile**



PCR



Cies (8)
others (9)

Figure 1. Time to dia
the 95% Hall-Wellner C

Données pré-op

Non disponible (pas de liquide)

ou

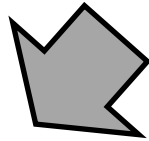
Cytologie négative

ou

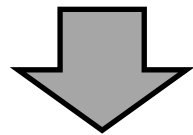
Bactériologie non contributive

Données pré-op

**Non disponible (pas de liquide)
ou
Cytologie négative
ou
Bactériologie non contributive**

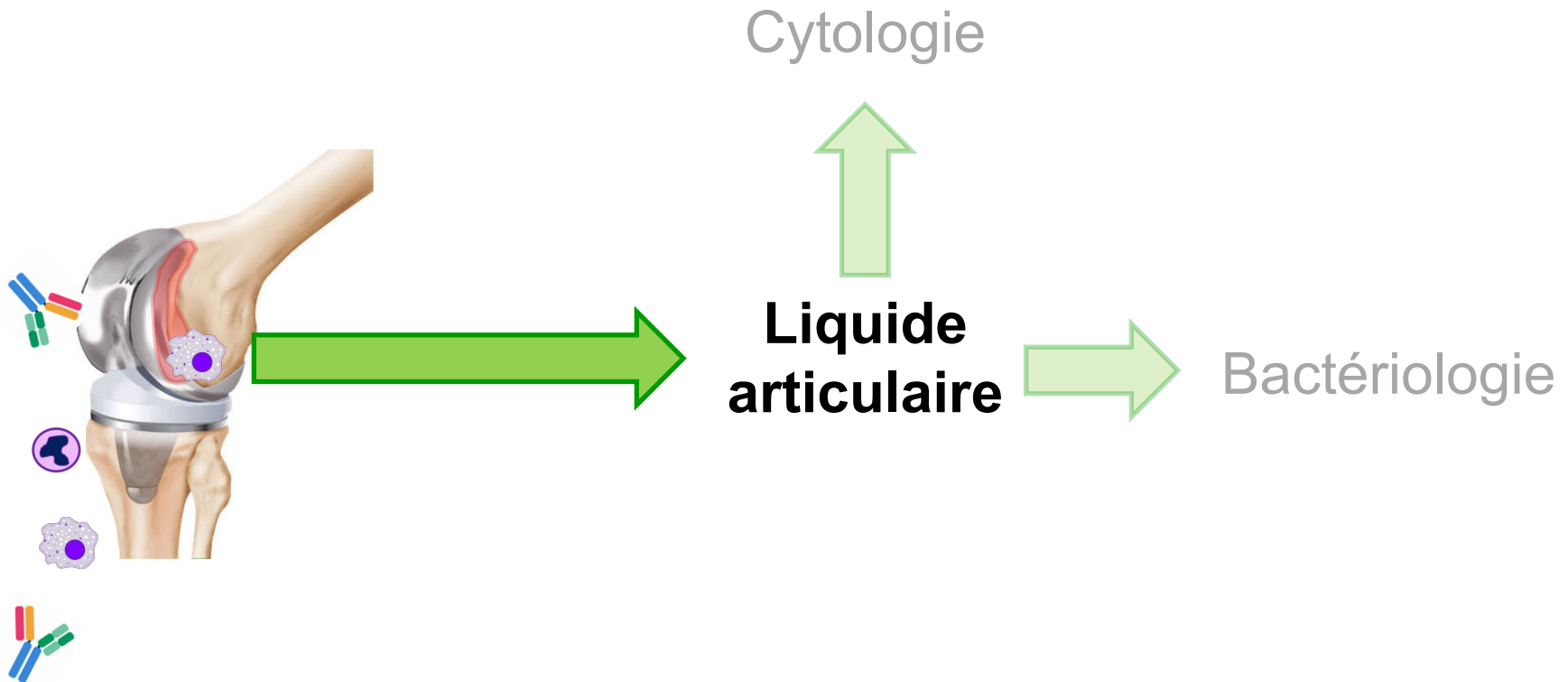


**Données
disponibles
per-op**



Diagnostic d'infection (ou non)

Données disponibles per-op



Polynucléaires neutrophiles



Monocytes / Macrophages

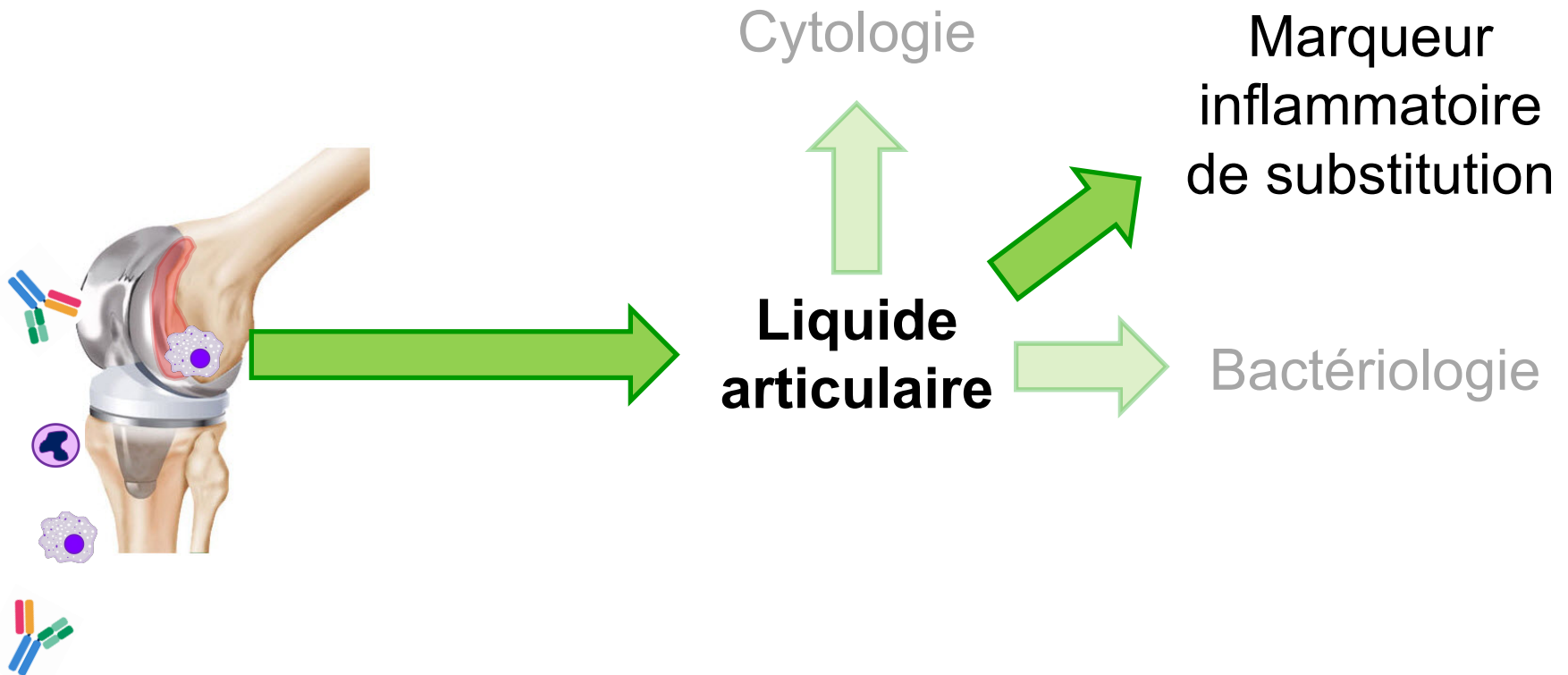


Plasmocytes



Anticorps

Données disponibles per-op



Polynucléaires neutrophiles



Monocytes / Macrophages



Plasmocytes



Anticorps

Leucocyte estérase



PNN

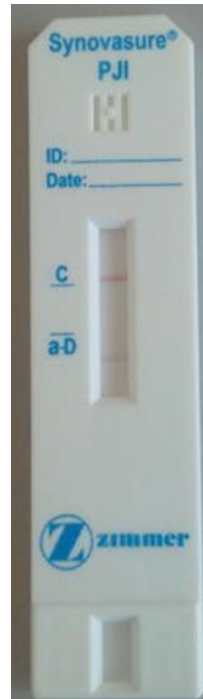
Semi-quantitatif



Leucocyte esterase



Synovasure®



PNN
Semi-quantitatif



Alpha-défensine
Qualitatif



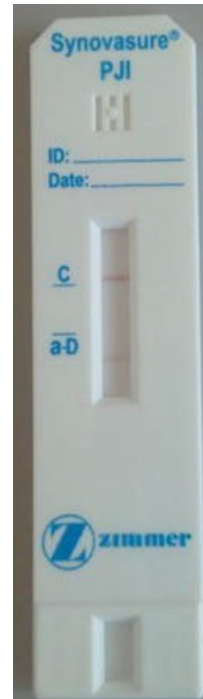
Leucocyte esterase



PNN
Semi-quantitatif



Synovasure®

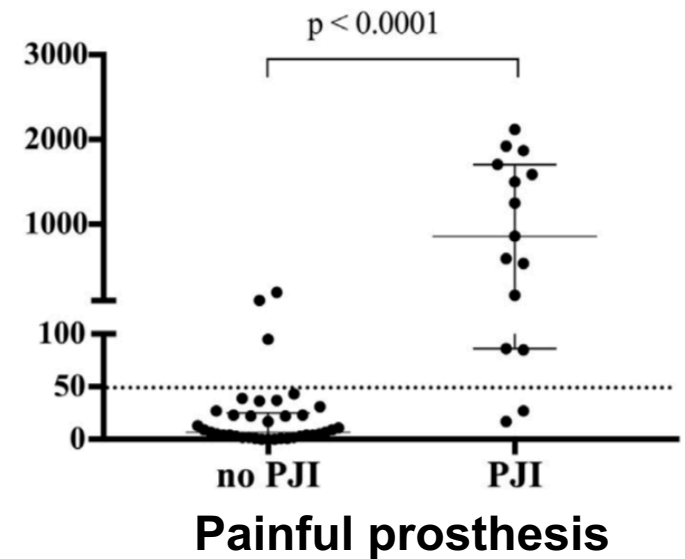


Alpha-défensine
Qualitatif



Calprotectine

Wouthuyzen-Bakker
J Arthroplasty 2018

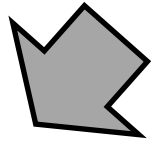


Alpha-défensine
Quantitatif

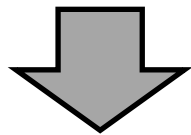


Données pré-op

**Non disponible (pas de liquide)
ou
Cytologie négative
ou
Bactériologie non contributive**



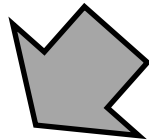
**Données
disponibles
per-op**



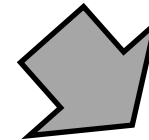
Diagnostic d'infection (ou non)

Données pré-op

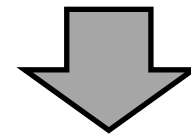
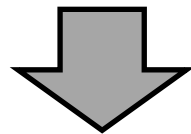
**Non disponible (pas de liquide)
ou
Cytologie négative
ou
Bactériologie non contributive**



**Données
disponibles
per-op**

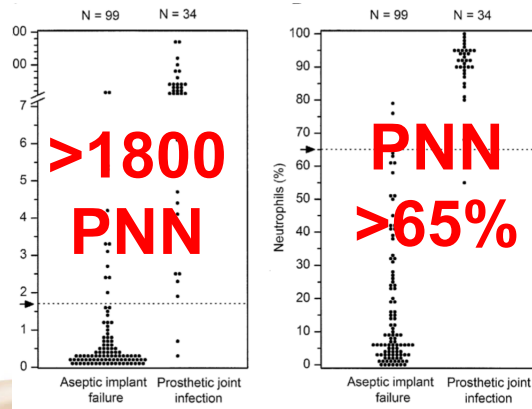


**Données
disponibles
Post-op**



Diagnostic d'infection (ou non)

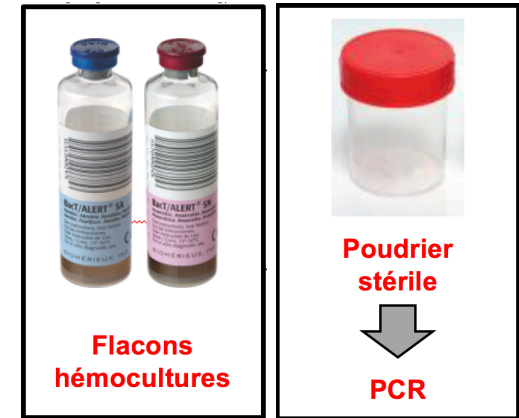
Données disponibles post-op



Cytologie



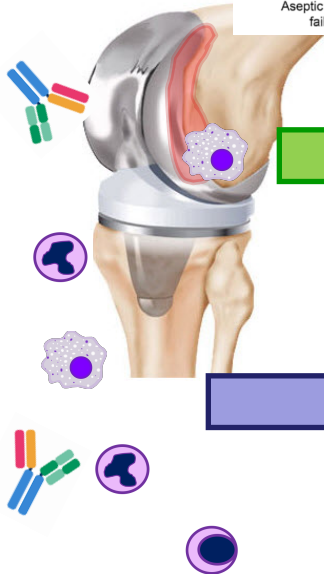
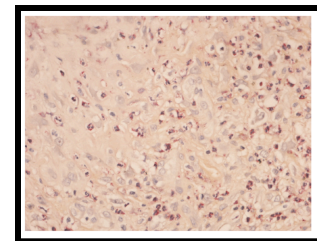
Liquide
articulaire



Bactériologie

Biopsies
osseuses

Anapath

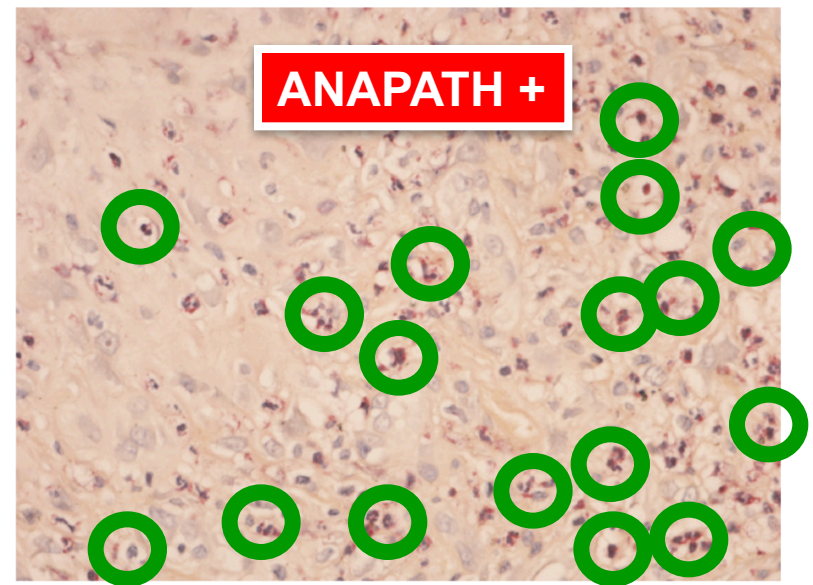
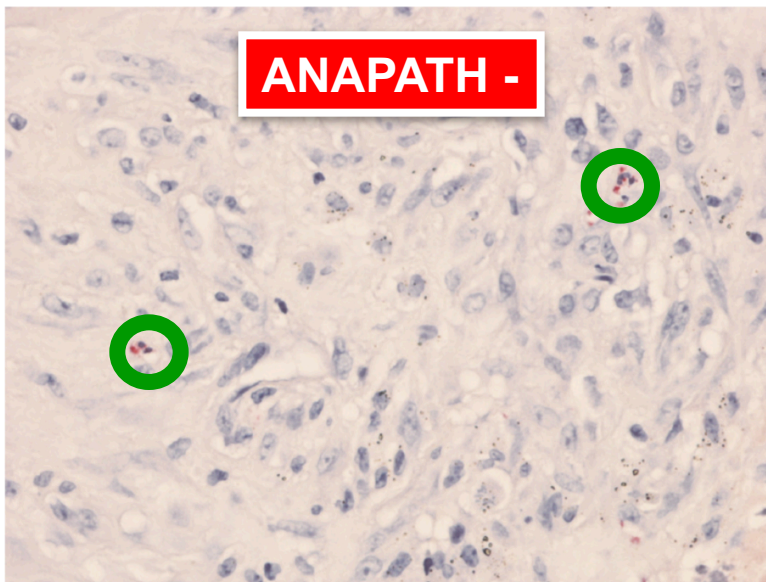


 Polynucléaires neutrophiles
 Monocytes / Macrophages

 Plasmocytes
 Anticorps

Histopathology in Periprosthetic Joint Infection: When Will the Morphomolecular Diagnosis Be a Reality?

G. Bori ¹, M. A. McNally,² and N. Athanasou²

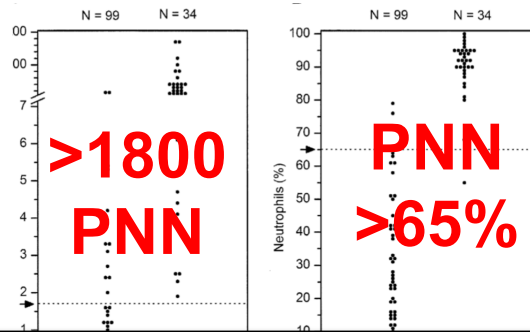


≥ 5 PNN sur ≥ 5 champs

≥ 10 PNN sur ≥ 5 champs

≥ 23 PNN sur ≥ 10 champs

Données disponibles post op



Cytologie

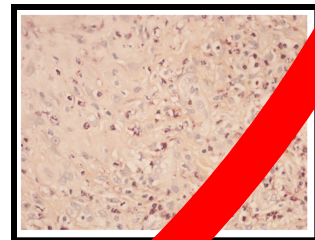


Délai de 2 semaines
Antibiothérapie en
attendant les résultats



Bactériologie

Anapath



 Polynucléaires neutrophiles

 Monocytes / Macrophages

 Plasmocytes

 Anticorps

International Consensus Meeting on Prosthetic Joint Infection

Second INTERNATIONAL
CONSENSUS MEETING (ICM)
on MUSCULOSKELETAL INFECTION



Proposed 2018 ICM criteria for PJI

Major criteria (at least one of the following)	Decision
Two positive cultures of the same organism	Infected
Sinus tract with evidence of communication to the joint or visualization of the prosthesis	

Recommendation:**This is the proposed 2018 ICM criteria for PJI:**

Minor Criteria	Threshold		Score	Decision
		Chronic		
Serum CRP (mg/L) <i>or</i> D-Dimer (ug/L)		10 860	2	Combined preoperative and postoperative score: ≥6 Infected 4-5 Inconclusive* ≤3 Not Infected
Elevated Serum ESR (mm/hr)		30	1	
Elevated Synovial WBC (cells/μL) <i>or</i> Leukocyte Esterase <i>or</i> Positive Alpha-defensin (signal/cutoff)		3,000 ++ 1.0	3	
Elevated Synovial PMN (%)		70	2	
Single Positive Culture			2	
Positive Histology			3	
Positive Intraoperative Purulence [‡]			3	

Proceed with caution in: Adverse local tissue reaction, crystal deposition disease and slow growing organisms.

*Consider further molecular diagnostics such as next-generation sequencing.

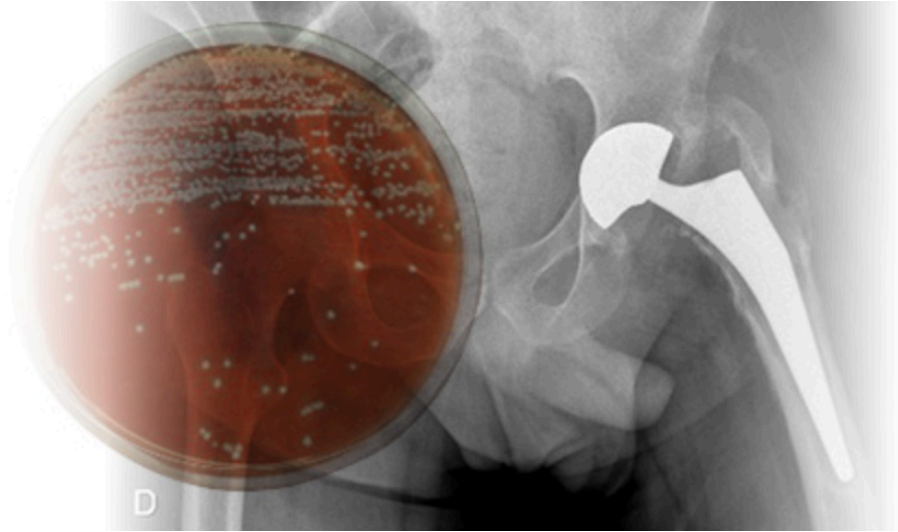
[€]Further studies needed to validate a specific threshold.

[‡]Has no role in patients with suspected adverse local tissue reaction.

Examens complémentaires biologiques lors d'une suspicion d'infection de PTG

- **Préop**
 - VS, CRP
 - Ponction avec cytologie du liquide et bactério
- **Perop**
 - Test de substitution (calprotectine ?)
- **Postop**
 - Cytologie du liquide et bactério (complète)
 - Anapath

<http://www.crioac-lyon.fr>



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- Open acces studies in pdf
- All thesis in pdf
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