



CAS CLINIQUES

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Recommandations



[Clin Orthop Relat Res](#). 2017 Jan; 475(1): 291.

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PMCID: PMC5174053

PMID: [27798789](https://pubmed.ncbi.nlm.nih.gov/27798789/)

Reply to the Letter to the Editor: New Definition for Periprosthetic Joint Infection: From the Workgroup of the Musculoskeletal Infection Society

[Javad Parvizi](#), MD, FRCS 

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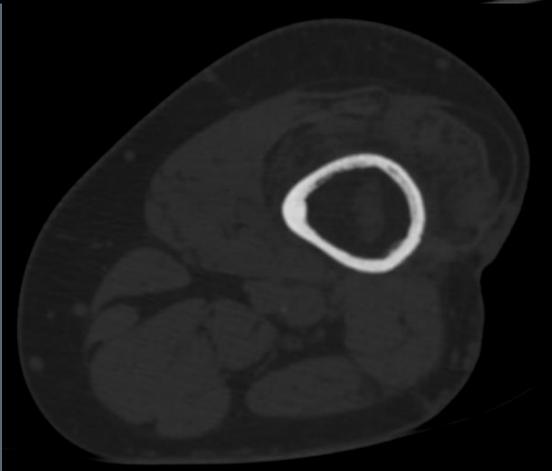
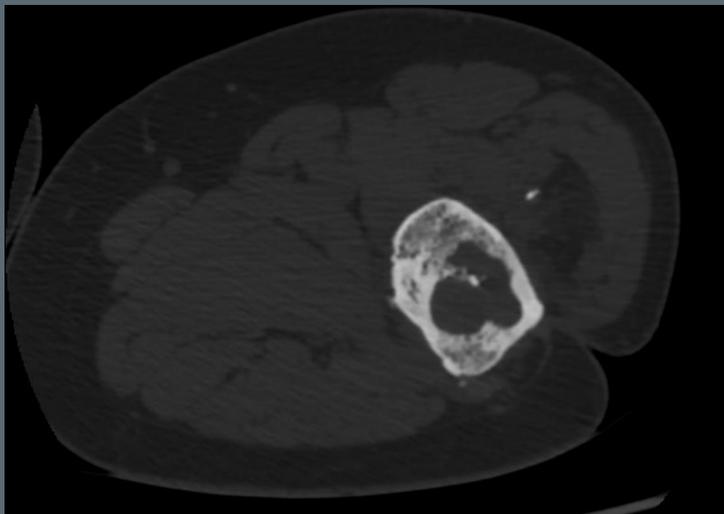
o Réfléchir comme pour Infection sur Prothèse

Infection Prothèse	Infection sur Matériel
Luxation PTH	Stabilité montage
Descellement	Démontage plaque/vis
Difficultés fermeture PTG = Lambeau	Désunion sur os superficiel = lambeau
Sauver la prothèse si récent et stable	Garder le matériel jusqu'à consolidation
Arthrodèse	Arthrodèse
Amputation	Amputation

Douleurs, fièvre et sd inflammatoire 01-2017

- Mr T, 54 ans, douleurs cuisse
- 93 kgs, 1 m 87
- ATCD :
 - 1980 : ostéosynthèse par plaque, ablation, séquestrectomie, greffe, fixateur externe
- AINS de puis x années pour gonalgies
- CRP 130 mg/L
- Fièvre depuis 4 jours
- Cuisse normale







Classement nosologique

- Ostéomyélite
- Os consolidé
- Cicatrice adhérente
- Vis cassée



1^{er} cas

Traitement

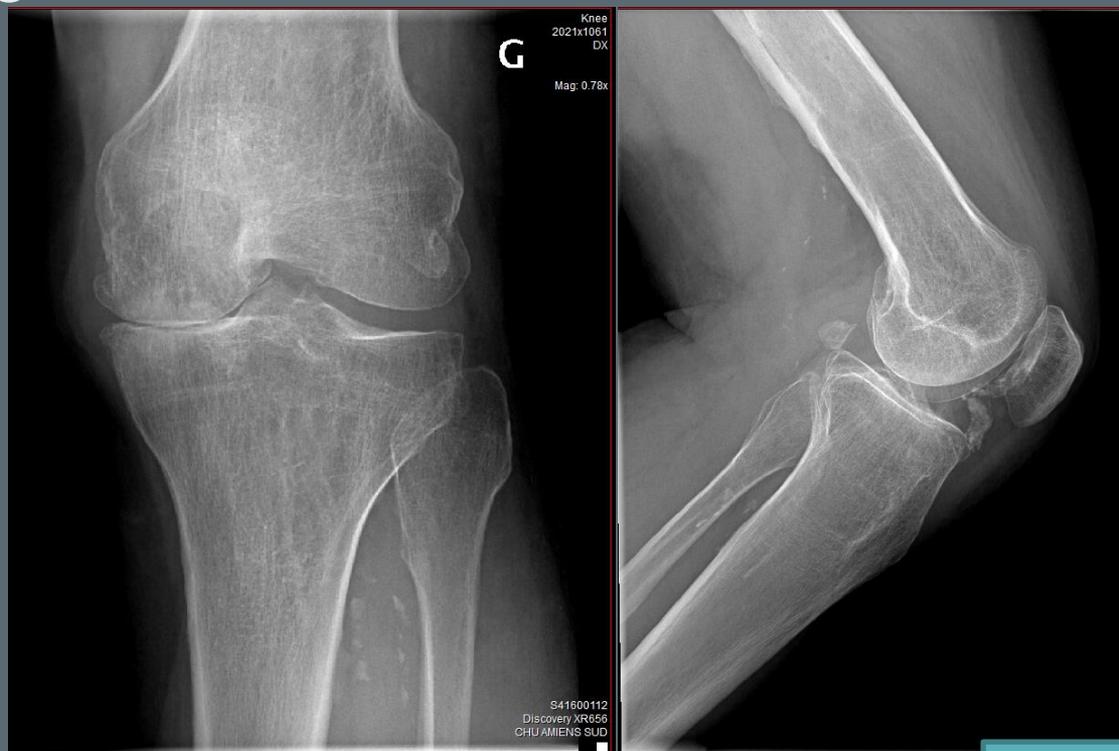


- Chirurgie :
 - Curetage
 - Ablation matériel
- SAMS : péni R reste S
- ATB :
 - oflocet 400 mg x 2 / j per os
 - rifadine 600 mg x 2 / j per os
 - 12 semaines

Evolution



o Gonarthrose



Prothèse après ostéite

Clin Orthop Relat Res. 1988 Nov;(236):135-40.

Old sepsis prior to total knee arthroplasty.

Jerry GJ Jr¹, Rand JA, Ilstrup D.

+ Author information

Abstract

A retrospective study of 65 cemented total knee arthroplasties in previously infected knees was performed. Two subgroups were identified: in Group I there was prior infection of both the bone and joint (20 patients) and in Group II there was only joint involvement (45 patients). Following primary total knee arthroplasty, deep infection occurred in three of 20 (15%) in Group I and in two of 45 (4%) in Group II, or five of 65 (7.7%) overall. Subsequent revision arthroplasty was required in 18. Of these 18 knees, three (17%) developed deep infection. Old sepsis, especially with associated osteomyelitis, results in a high rate of infection following total knee arthroplasty.

The Journal of Arthroplasty 29 (2014) 2271–2275

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journal homepage: www.arthroplastyjournal.org



ELSEVIER



- N=62
- 15% échecs
- Nbre de gestes chir précédent facteur de risque indépendant

Primary Total Knee Arthroplasty in Infection Sequelae About the Native Knee



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1^{er} cas



Mme G 08-2017



2^{ème} cas



- Tabagisme actif
- Sd de Gougerot Sjögren
- Corticothérapie

- 3 interventions après fracture bimalléolaire



Classification nosologique



- Arthrite septique post traumatique
- Pas de matériel
- Etat cutané « inabordable »
- Equin irréductible
- MPP sous M5

- Dénutrition
- Ostéoporose majeure
- Corticothérapie

Prise en charge



- Arthrodèse / fixateur externe
- Exérèse tibial antérieur, exérèse tête M5
- Allongement Achille percutané

- ATB probabiliste large : vancomycine et cefepime



o SAMS et peptostreptococcus

ANTIBIOGRAMME

Méthode de diffusion en milieu gélosé

	Germe n° : 2 Peptostreptococcus spp
AMOXICILLINE	S
AMOXICILLINE + AC. CLAVULANIQUE	S
PIPERACILLINE	S
PIPERACILLINE + TAZOBACTAM	S
CEFOTAXIME	S
IMIPENEME	S
RIFAMPICINE	S
VANCOMYCINE	S
METRONIDAZOLE	S
ERYTHROMYCINE	S
CLINDAMYCINE	S
TIGECYCLINE	S

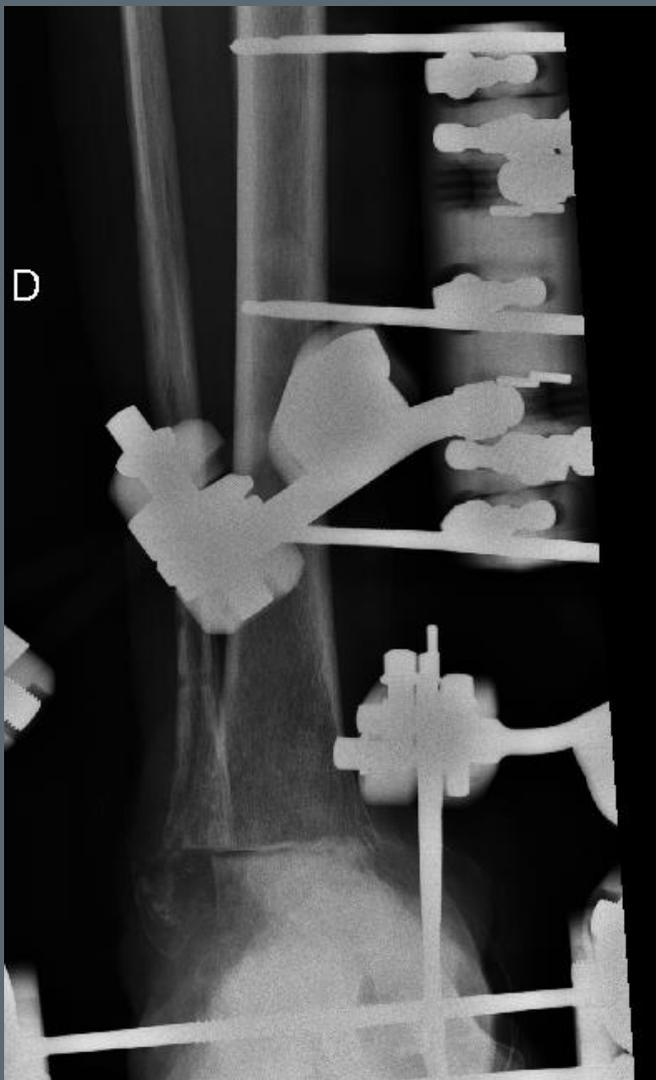
IE

fusion en milieu gélosé

Germe n° : 1 Staphylococcus aureus

PENICILLINE	R
OXACILLINE	S
KANAMYCINE	S
TOBRAMYCINE	S
GENTAMICINE	S
ERYTHROMYCINE	S
CLINDAMYCINE	S
OFLOXACINE	S
TRIMETHOPRIME + SULFAMIDES	S
RIFAMPICINE	S
ACIDE FUSIDIQUE	S
TETRACYCLINE	S
TIGECYCLINE	S
LINEZOLIDE	S

Germe n° : 1 Staphylococcus aureus



ATB thérapie



- o kéforal 2 gr x 3 / j per os
- o dalacine 600 mg x 3 / j per os

3 mois

Éviter rifampicine et quinolones

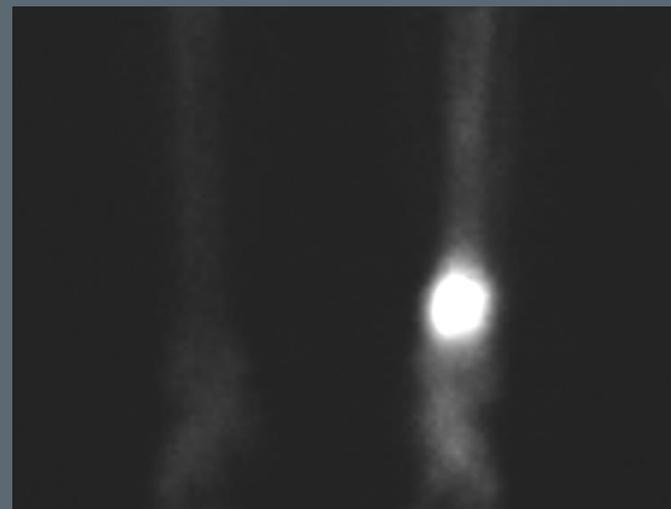




Mr L mai 2015



- 34 ans
- Tabagisme actif, obèse
- AVP 14/08/2014
- Plaque tibiale médiale
- Nécrose cutanée
- Ablation plaque et relais Fixateur externe 10/2014
- Ablation Fixateur externe 12/2014







- o Désaxation varus
- o Peau interne « inabordable » ombiliquée



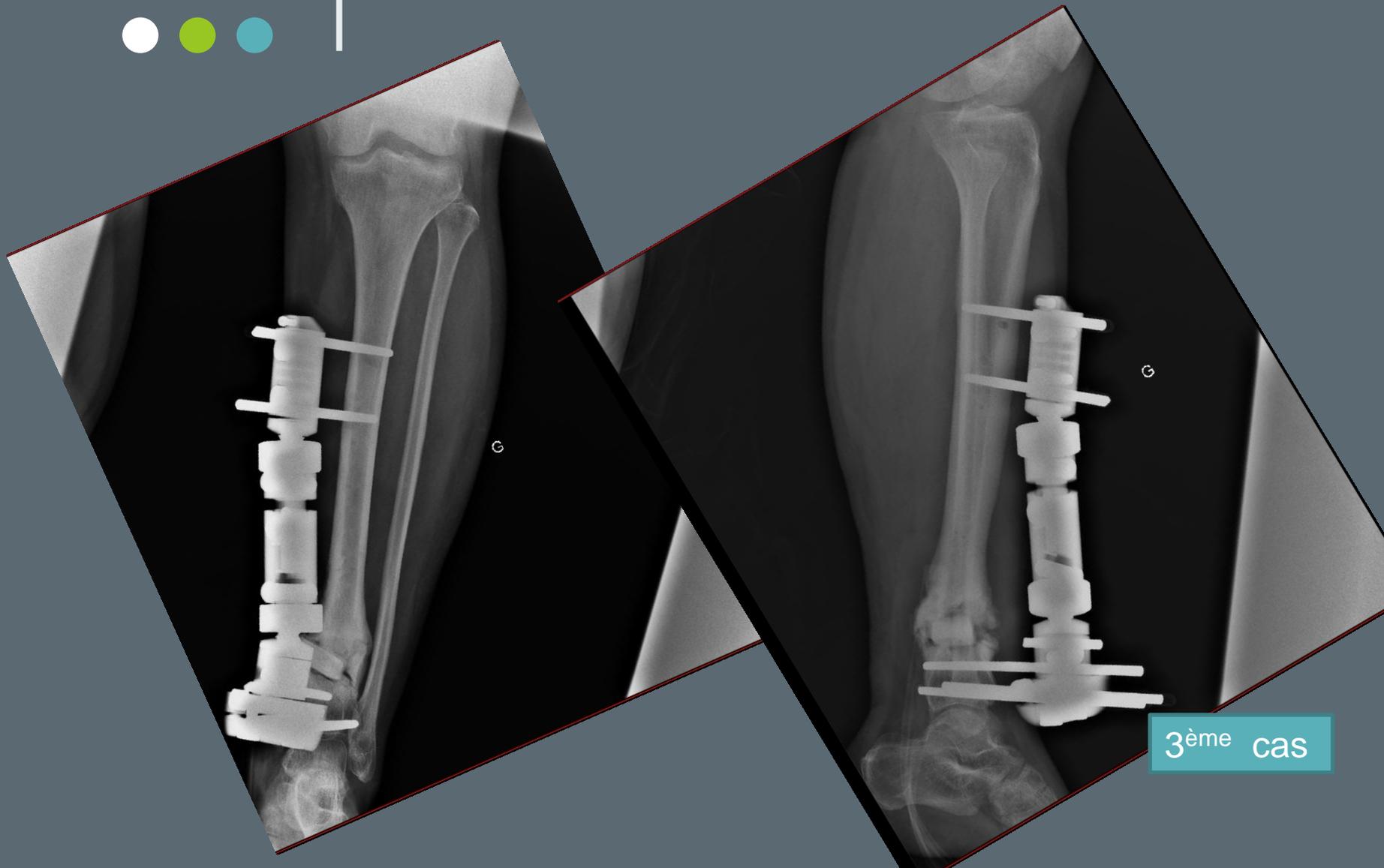
3^{ème} cas



Classification nosologique

- Pseudarthrose hypertrophique du tibia
- Abord impossible ?
- Désaxation varus

1^{er} temps : 02/06/2015



3^{ème} cas



- Probabilistes
 - Vancomycine
 - Céfepime

- Arrêt car prélèvements négatifs

Arrêt du tabac



- Lambeau SCIP
 - lambeau libre de l'aine basé sur l'artère circonflexe iliaque superficielle
 - Khosima 2004

- Changement du bloc cimenté







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www.em-consulte.com



ARTICLE ORIGINAL

Lambeau de SCIP : renouveau du site donneur inguinal ?



Superficial Circumflex Iliac Artery Perforator flap (SCIP flap): Revival of the inguinal donor site?

N. Sidhoum^a, S. Dast^a, S. Perez^a, N. Assaf^a, C. Herlin^b, R. Sinna^{a,*}

RECONSTRUCTIVE

American Society of Plastic Surgeons.

The Efficacy of Perforator Flaps in the Treatment of Chronic Osteomyelitis

Joon Pio (Jp) Hong, M.D.,
Ph.D., M.M.M.
Terence L. H. Goh, M.D.
Dong Hoon Choi, M.D.
Jung Jae Kim, M.D., Ph.D.
Hyun Suk Suh, M.D., Ph.D.

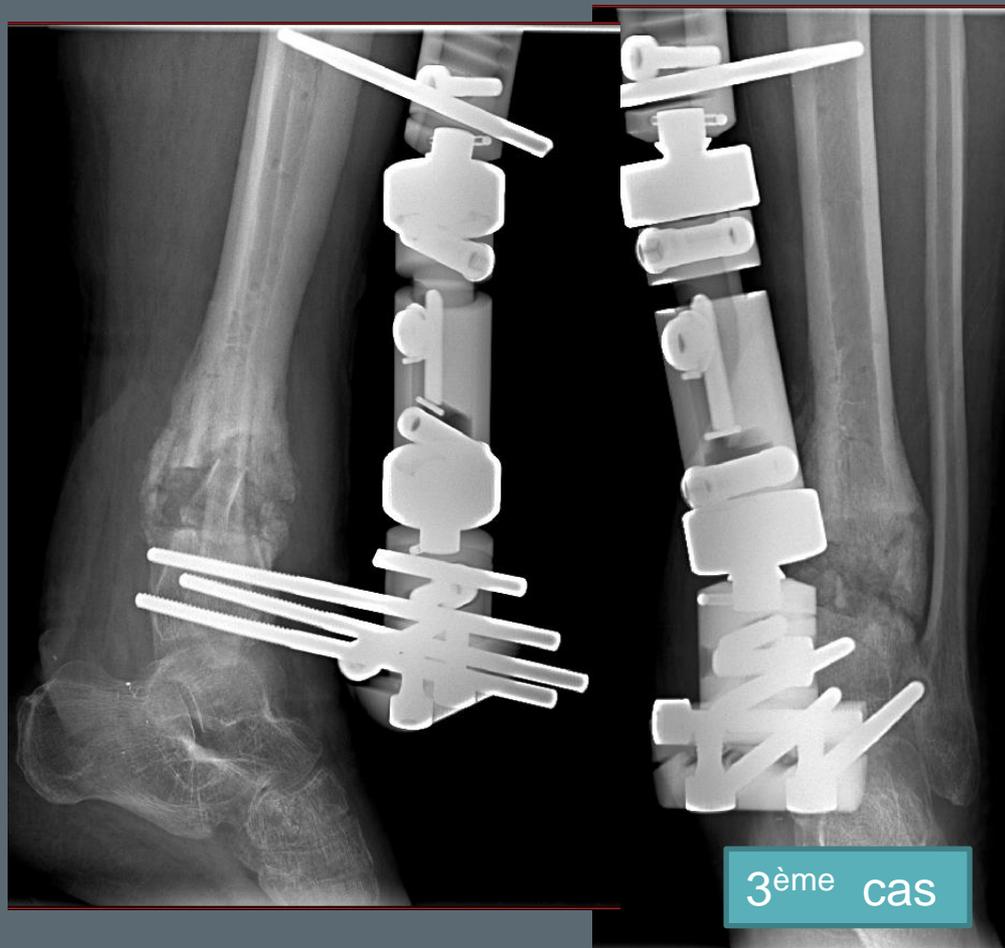
Seoul, Republic of Korea

Background: Treatment of chronic osteomyelitis involves aggressive debridement followed by soft-tissue coverage. The dictum of muscle coverage superior has been challenged by successful reports of coverage with perforator flaps. The objective of this article is to evaluate the efficacy of perforator flaps for reconstruction of chronic osteomyelitis defects.
Methods: A retrospective review of 120 patients with chronic osteomyelitis who underwent débridement and reconstruction using perforator flaps from April of 2000 to November of 2015 was conducted. Inclusion criteria were cases with chronic osteomyelitis for a minimum of 6 weeks and with a follow-up of at least





- Greffe osseuse
- Prélèvements
 - SAMS
 - Ofloxacine
 - Rifampicine
 - 3 mois



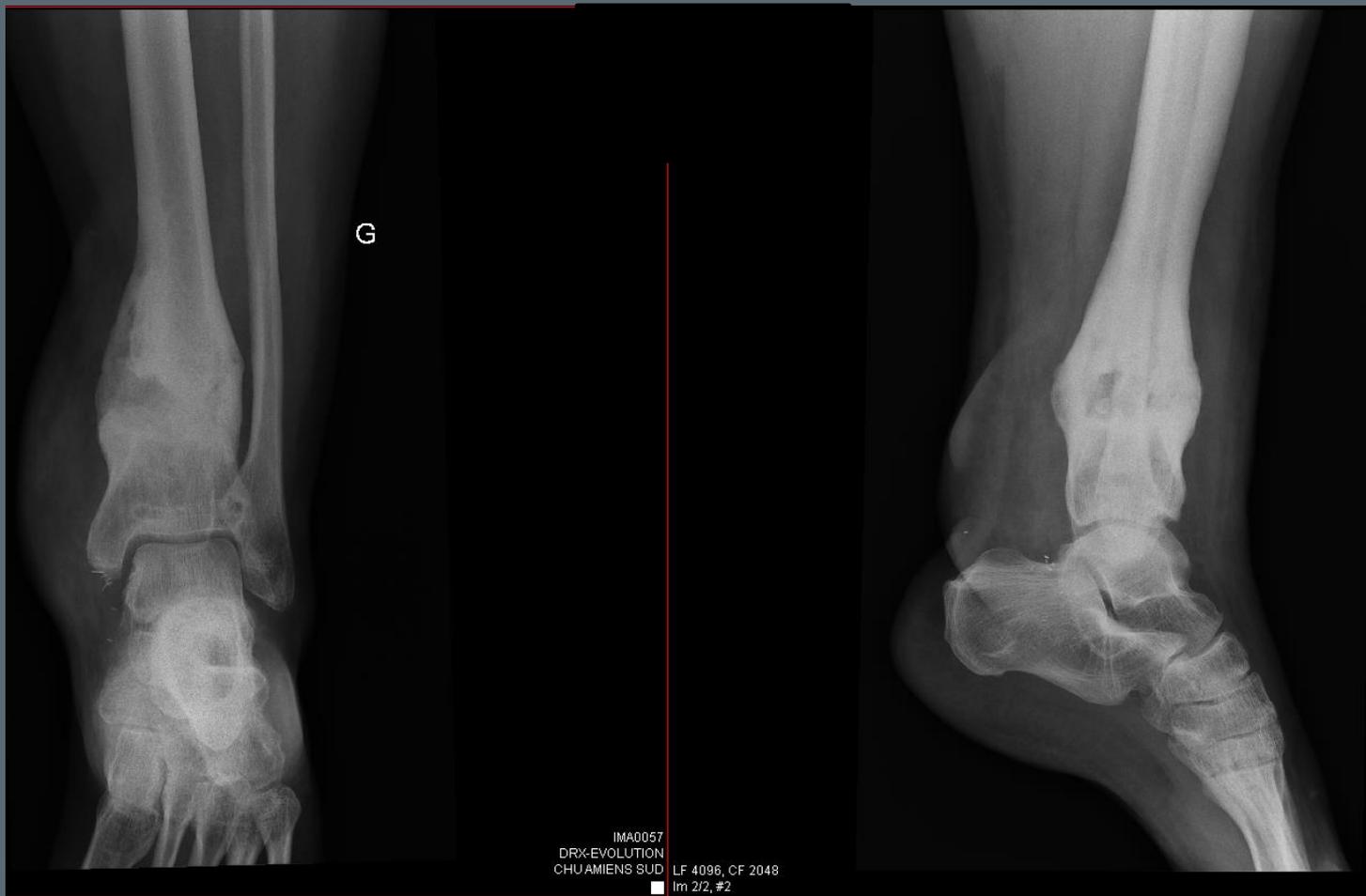


o 02/12/15





Epilogue 08/2016



3^{ème} cas



Orthopaedics & Traumatology: Surgery & Research (2012) 98, 684–689



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Available online at

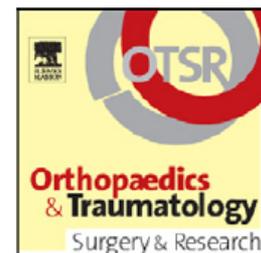
SciVerse ScienceDirect

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www.em-consulte.com/en



ORIGINAL ARTICLE

Early surgical site infection in adult appendicular skeleton trauma surgery: A multicenter prospective series[☆]

P. Bonneville^{a,*}, F. Bonnomet^b, R. Philippe^c, F. Loubignac^d,
B. Rubens-Duval^e, A. Talbi^f, C. Le Gall^a, P. Adam^b, SOFCOT¹



- Ostéosynthèses « près de la peau »
 - Taux d'incidents cicatriciels (IC) : 11%
 - Taux d'infections du site opératoire (ISO) : 2,7%
 - IC => ISO : 22,4%
- Ostéosynthèses en site profond
 - Taux d'IC : 4,8%
 - Taux d'ISO : 0,8%
 - IC => ISO : 11%





The Journal of Bone & Joint Surgery. 95(4):348–353, FEB 2013

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DOI: 10.2106/JBJS.K.01672, PMID: [23426769](#)

Issn Print: 0021-9355

Publication Date: 2013/02/20

Risk Factors for Deep Surgical Site Infection Following Operative Treatment of Ankle Fractures

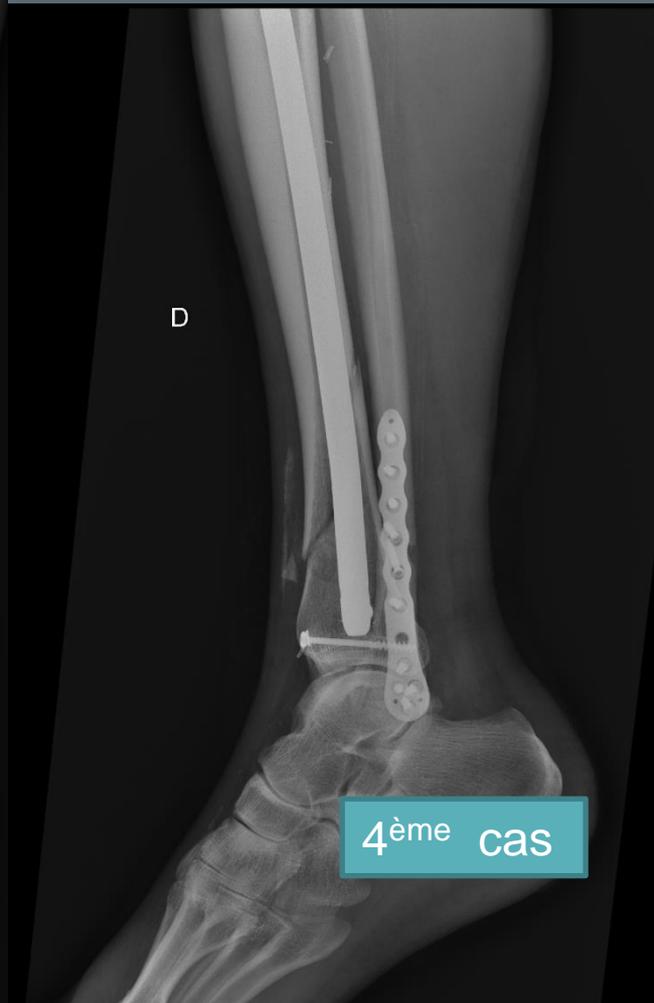
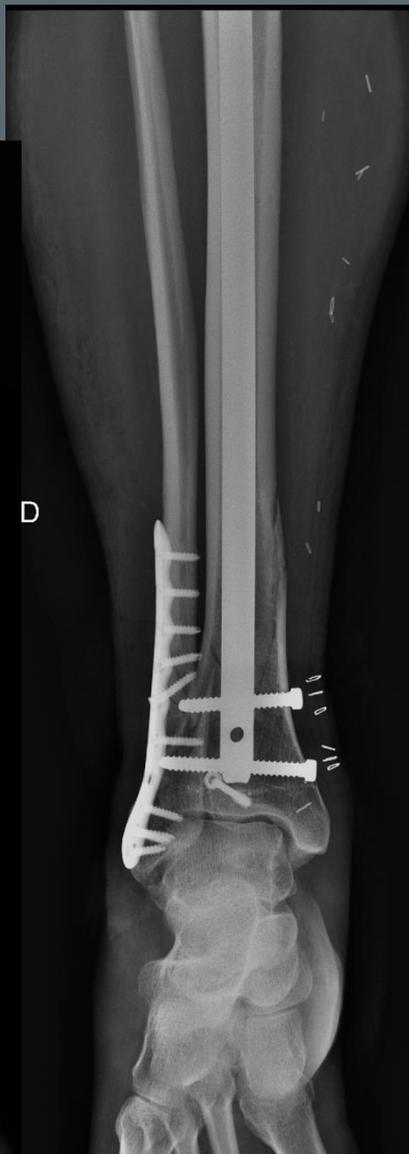
Mikko T. Ovaska; Tatu J. Mäkinen; Rami Madanat; Kaisa Huotari; Tero Vahlberg; Eero Hirvensalo; Jan Lindahl

- 6.8%
- Alcool, Diabète, état cutané préop
- Durée opératoire >90' : OR 2.5
- Tabac : OR 3.7

Chute d'étage



- Fracture fermée $\frac{1}{4}$ inf de jambe
- Ostéosynthèse par clou et par plaque



4^{ème} cas



- Ecoulement
- Berges inflammatoires
- Tabac
- Diabète



4^{ème} cas



Classification nosologique

- Défaut de cicatrisation
- ISO probable
- Matériel stable
- Fracture non consolidée



- Couverture par lambeau sural
- Antibiothérapie probabiliste



