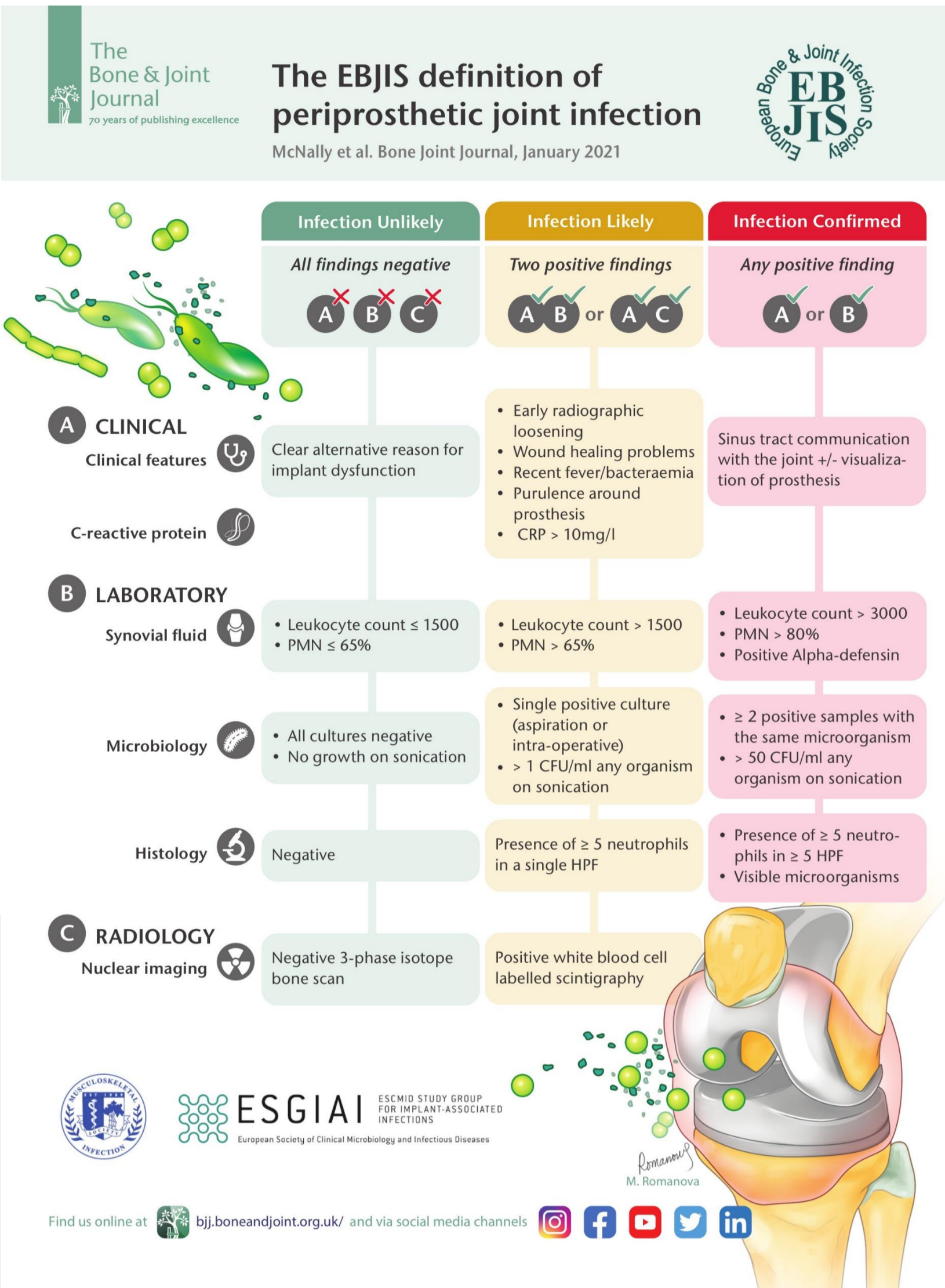
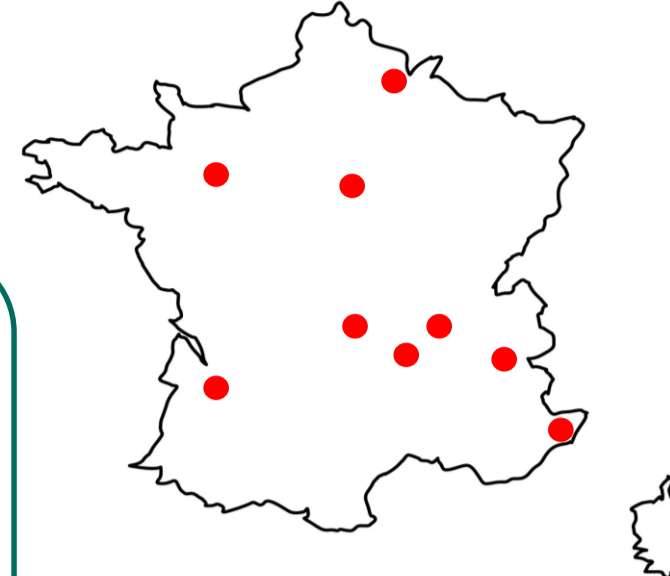


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Aim and method

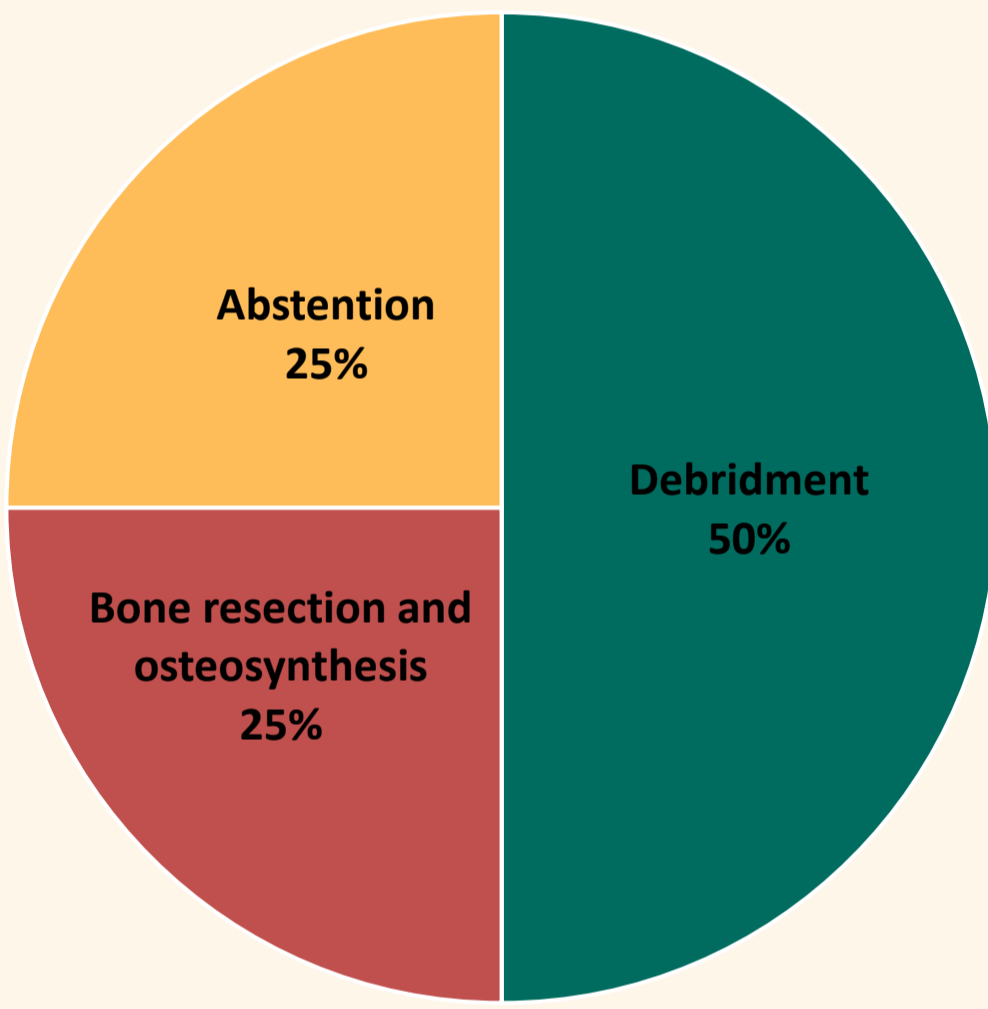
We performed a multicentric retrospective study to describe bone and joint infection caused by *Campylobacter* spp. including all adult patients managed in 9 French reference centers for the management of complex BJIs (CRIOAc) between 01/01/2013 and 31/12/2022 for a BJI (septic arthritis, osteomyelitis (peripheral or vertebral)), or device-associated BJI (defined according to the EBJIS definition).



Results

Fourty-one patients were included. They were mainly men (n=26, 63.4%) with a median age of 76.4 (66.3-84.7) years old and with important comorbidities (median modified Charlson's comorbidity index 2 [1-4]). Chronic and acute infections represented 57.5% (n=23) and 42.5% (n=17) of the cases, respectively.

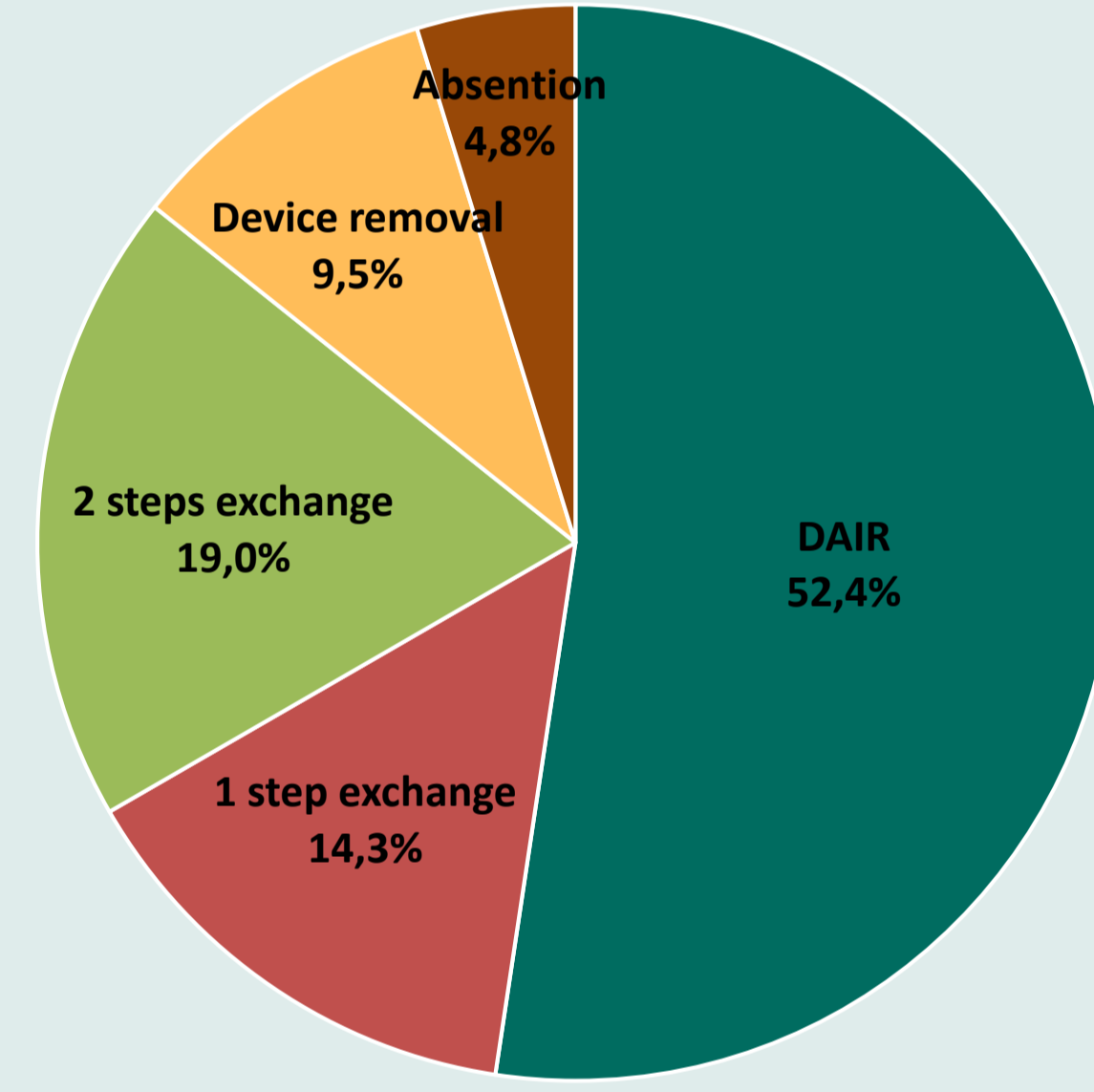
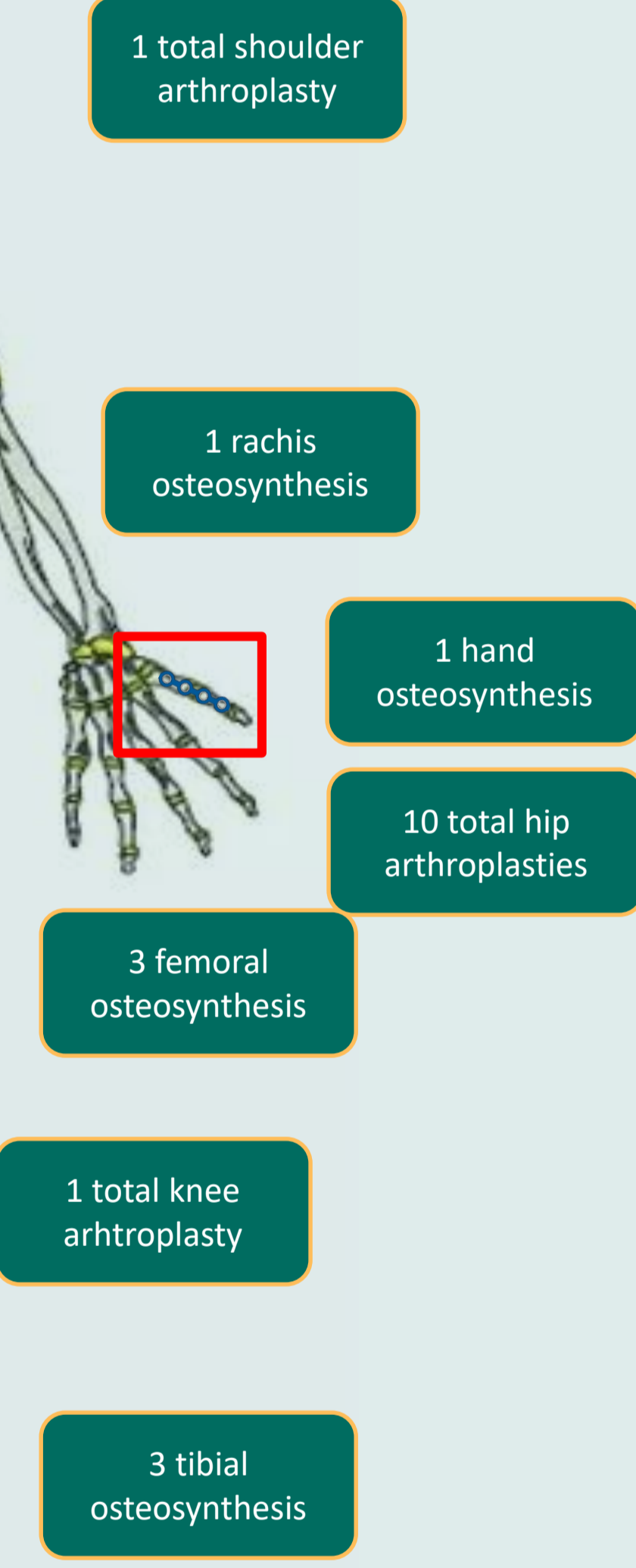
20 BJI



3 failures
→ 2 persences *C. jejuni*, *C. urealyticus*
→ 1 relapse *C. jejuni*

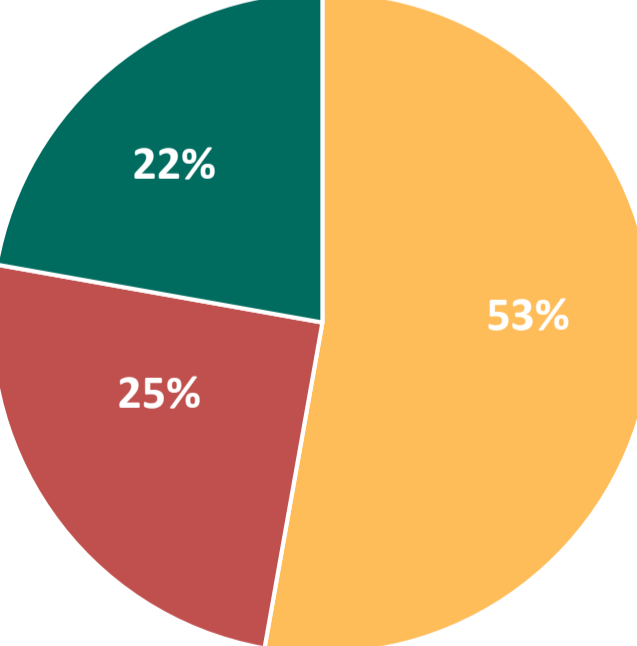


21 device-associated infections



5 failures
→ 4 persences *C. fetus*
→ 1 superinfection

Acquisition mechanisms

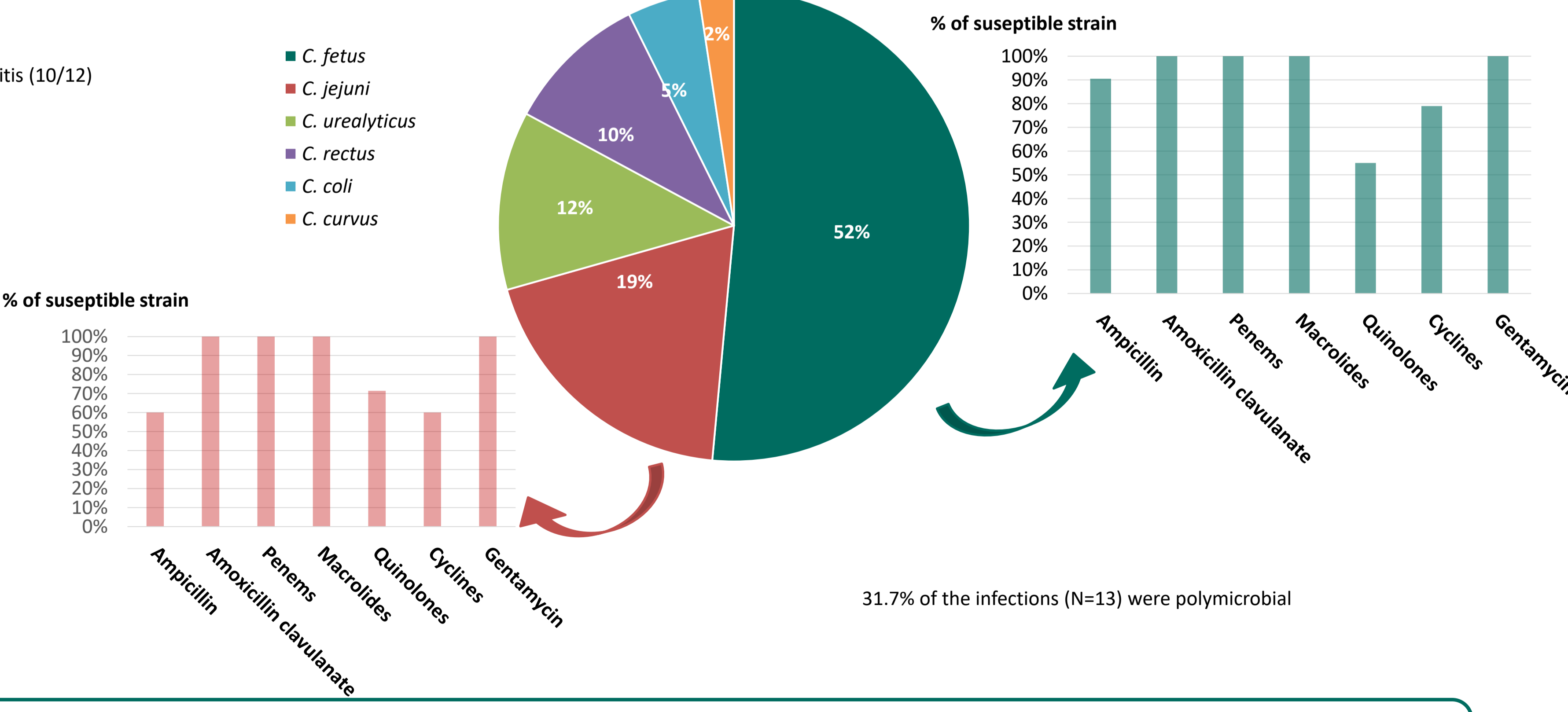


83.2% of the septic arthritis and spondylodiscitis (10/12)
56.3% of the PJI (9/16)

Antimicrobial therapy

Median duration of IV ATB (d) : 12.5 (6-19.8)
Median duration of total ATB (d) : 51 (40.5-91.5)
Life long treatment : 3 (7.3%)
Median duration of follow up (d) : 62.1 (17.8 – 111,3)

Campylobacter repartition and antimicrobial susceptibility



Conclusion

Campylobacter spp. BJI gather a wide variety of clinical situations, with a distribution of causative species differing between infection types, particularly *C. fetus* in device-associated BJI following bacteriemia. The microbiological susceptibility profile sometimes makes oral switch therapy impossible which complicate clinical management.