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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