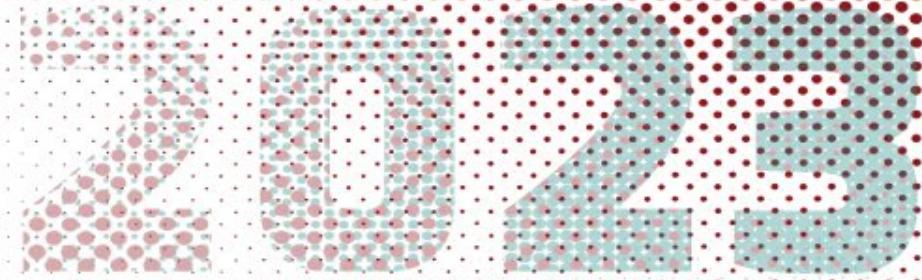


VIII Jornada grupo GEIO

GRUPO DE ESTUDIO DE INFECCIONES OSTEOARTICULARES

NUEVOS RETOS EN INFECCIÓN OSTEOARTICULAR (IOA)



Current Aetiology of Prosthetic Joint Infections (CAPJI)

Tailoring empirical treatment and antimicrobial prophylaxis in
joint replacement surgery



Madrid
GEIO • SEIMC

Natividad de Benito

Unidad de Enfermedades Infecciosas
Hospital de la Santa Creu i Sant Pau, Barcelona



Objectives

Global epidemiology

- differences between geographical areas

Microbial aetiology

- potential geographical differences (adjusting)

Risk factors for specific MDRO & other R to SAP

- PJI: Empirical treatment
- Joint replacement surgery: surgical antimicrobial prophylaxis (SAP)

tailored to specific patient characteristics

Collection of PJI-causing strains



Methods

COHORT: patients with PJI

RETROspective cohort

- patients with PJI in 2021

PROspective cohort

- patients with PJI during 1 year (since starting)

CASES*: PJI

- perioperatively acquired – implant surgery (1st year)
- culture-positive

shipping strains to central lab →
PJI-causing strains collection

PK/PD studies of SAP regimens

* Kaye KS, et al. The case-case-control study design: addressing the limitations of risk factor studies for antimicrobial resistance. Infect Control Hosp Epidemiol. 2005; 26: 346–51.

Methods

Case-case-control study

CASES: PJI

- perioperatively acquired – implant surgery (1st year)
- culture-positive

CONTROLS: patients with arthroplasty WITHOUT PJI

- For each case, 2 patients (“same surgery”, next closest date)



Case-case-control study

CASE 1: PJI –susceptible phenotype (e.g. MSSA)

Risk factors - susceptible phenotype (e.g. MSSA) PJI vs no infection

Specific risk factors for MRSA

CASE 2: PJI –resistant phenotype (e.g. MRSA)

Risk factors - resistant phenotype (e.g. MRSA) PJI vs no infection

- For each case, 2 uninfected patients (“same surgery”, next closest date)

- For each case, 2 uninfected patients (“same surgery”, next closest date)

Situación actual

≈ 120 hospitales, 5 continentes

Puesta en marcha de la **parte retrospectiva** del estudio:

- Cohorte retrospectiva de IPA 2021
- Selección de “casos” de la cohorte
- Controles no infectados: 2 por cada “caso”

Revisión de los **comités de ética** de cada centro

Elaboración de **base de datos electrónica** (CAPRed)





¡Gracias!

nbenito@santpau.cat

