

VIII Jornada **grupo GEIO**

GRUPO DE ESTUDIO DE INFECCIONES OSTEOARTICULARES

2023

NUEVOS RETOS EN INFECCIÓN OSTEOARTICULAR (IOA)

Current Aetiology of Prosthetic Joint Infections (CAPJI)

Tailoring empirical treatment and antimicrobial prophylaxis in
joint replacement surgery



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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

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

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)

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)



iGracias!

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