Best Of infectiologie

Gwenaël Le Moal

Maladies infectieuses, CHU Poitiers

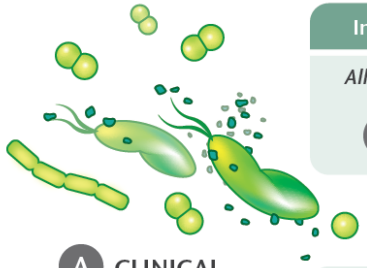
Diagnostic

The Bone & Joint Journal
70 years of publishing excellence

The EBJIS definition of periprosthetic joint infection

McNally et al. Bone Joint Journal, January 2021

European Bone & Joint Infection Society EBJIS



	Infection Unlikely	Infection Likely	Infection Confirmed
	All findings negative	*Two positive findings*	*Any positive finding*
	A ✗ B ✗ C ✗	A ✓ B ✓ or A ✓ C ✓	A ✓ or B ✓
A CLINICAL			
Clinical features	Clear alternative reason for implant dysfunction	• Early radiographic loosening • Wound healing problems • Recent fever/bacteraemia • Purulence around prosthesis	Sinus tract communication with the joint +/- visualization of prosthesis
C-reactive protein		• CRP > 10mg/l	
B LABORATORY			
Synovial fluid	• Leukocyte count ≤ 1500 • PMN ≤ 65%	• Leukocyte count > 1500 • PMN > 65%	• Leukocyte count > 3000 • PMN > 80% • Positive Alpha-defensin
Microbiology	• All cultures negative • No growth on sonication	• Single positive culture (aspiration or intra-operative) • > 1 CFU/ml any organism on sonication	• ≥ 2 positive samples with the same microorganism • > 50 CFU/ml any organism on sonication
Histology	Negative	Presence of ≥ 5 neutrophils in a single HPF	• Presence of ≥ 5 neutrophils in ≥ 5 HPF • Visible microorganisms
C RADIOLOGY			
Nuclear imaging	Negative 3-phase isotope bone scan	Positive white blood cell labelled scintigraphy	

CENTRES DE RÉFÉRENCE POUR LES INFECTIONS OSTÉO-ARTICULAIRES COMPLEXES DU GRAND OUEST
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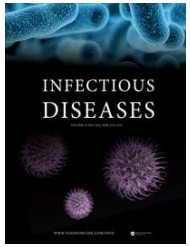
Prise en charge



Effect of a multidisciplinary team on the treatment of hip and knee prosthetic joint infections: a single-centre study of 154 infections

3 périodes de prise en charge
- Diminution des interventions (2.0 vs 1.0; p=0.023)
- Diminution de la durée d'hospitalisation (49j vs 17j)
- Diminution de prise n charge en 2T et plus de DAIR
- Succès 55,6% vs 85,2% (p=0.07)

RESEARCH Open Access

Management of prosthetic joint infections in France: a national audit to identify key situations requiring innovation and homogenization

Marion Le Maréchal[1,2], Zoé Cavalli[3], Cécile Batailler[4], Jean-François Gonzalez[5,8], André Ferreira[6], Sébastien Lustig[4], Tristan Ferry[4,7] and Johan Courjon[8,9*]

- 3 questionnaires pour 6 cas cliniques
- stratégie chirurgicale assez homogène
- stratégie médicale hétérogène

CENTRES DE RÉFÉRENCE POUR LES INFECTIONS OSTÉO-ARTICULAIRES COMPLEXES DU GRAND OUEST
CRIOGO

Rifampicine

Clinical Infectious Diseases
MAJOR ARTICLE

If, When, and How to Use Rifampin in Acute Staphylococcal Periprosthetic Joint Infections, a Multicentre Observational Study

Mark Beldman,[1] Claudia Löwik,[1] Alex Soriano,[2] Laila Albiach,[2] Wierd P. Zijlstra,[3] Bas A. S. Knobben,[4] Paul Jutte,[1] Ricardo Sousa,[5] André Carvalho,[5] Karan Goswami,[6] Javad Parvizi,[6] Katherine A. Belden,[7] and Marjan Wouthuyzen-Bakker[8]

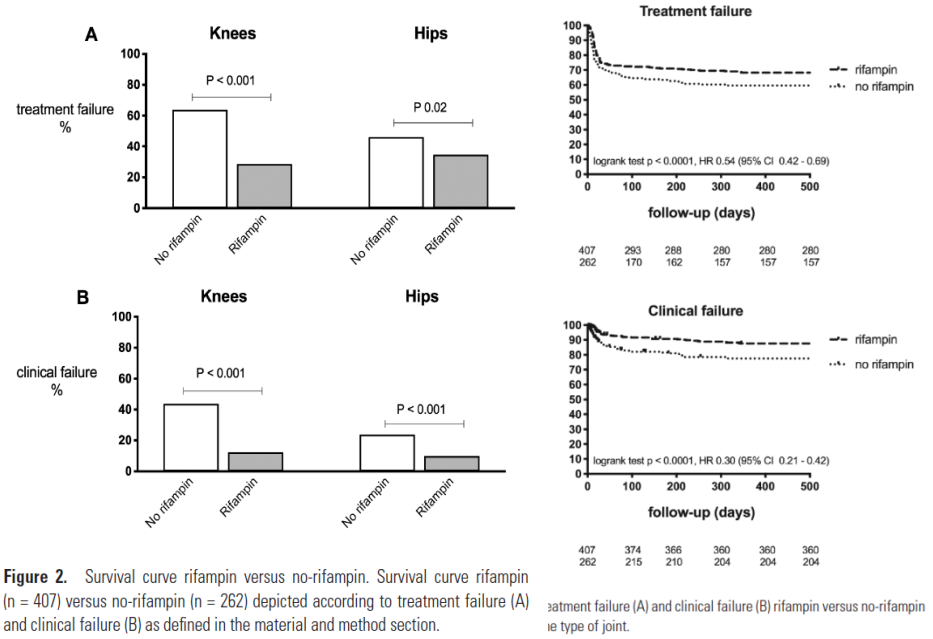


Figure 2. Survival curve rifampin versus no-rifampin. Survival curve rifampin (n = 407) versus no-rifampin (n = 262) depicted according to treatment failure (A) and clinical failure (B) as defined in the material and method section.

eatment failure (A) and clinical failure (B) rifampin versus no-rifampin
ıe type of joint.

-Etude rétrospective de cohorte multicentrique
- IPOA aigüe (<90j) à staphylocoque traités par DAIR suivi pendant 1 an
- 669 cas (61% avec RIF 450mg BID ou 600mg QD)

- Echecs dans 40,8% (32.2% vs 54.4%)
- Effets protecteur de la RIF (OR 0.30; IC 95% 0,2-0,45)
- Facteurs associés à l'échec : début de RIF dans les 5j (OR 1.96), association de la RIF à autres atb que clinda ou FQ (OR 10.1)

CENTRES DE RÉFÉRENCE POUR LES INFECTIONS OSTÉO-ARTICULAIRES COMPLEXES DU GRAND OUEST
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Rifampicine

Open Forum Infectious Diseases

REVIEW ARTICLE

Outcome of Debridement, Antibiotics, and Implant Retention for Staphylococcal Hip and Knee Prosthetic Joint Infections, Focused on Rifampicin Use: A Systematic Review and Meta-Analysis

H. Scheper,[1] L. M. Gerritsen,[1] B. G. Pijls,[2] S. A. Van Asten,[3] L. G. Visser,[1] and M. G. J. De Boer[1]

[1]Department of Infectious Diseases, Leiden University Medical Centre, Leiden, The Netherlands; [2]Department of Orthopaedic Surgery, Leiden University Medical Centre, Leiden, The Netherlands; [3]Department of Microbiology, Leiden University Medical Centre, Leiden, The Netherlands

-Méta analyse jusqu'en 09/2020
- IPOA à staph traitée par DAIR
- 64 études analysées avec focus sur la RIF

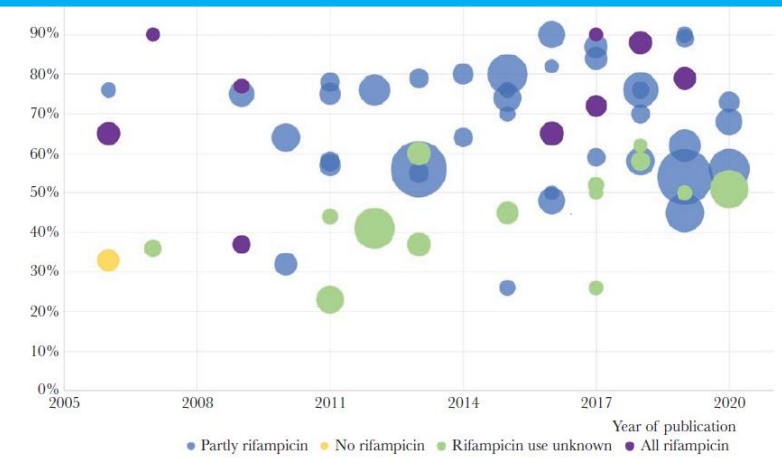
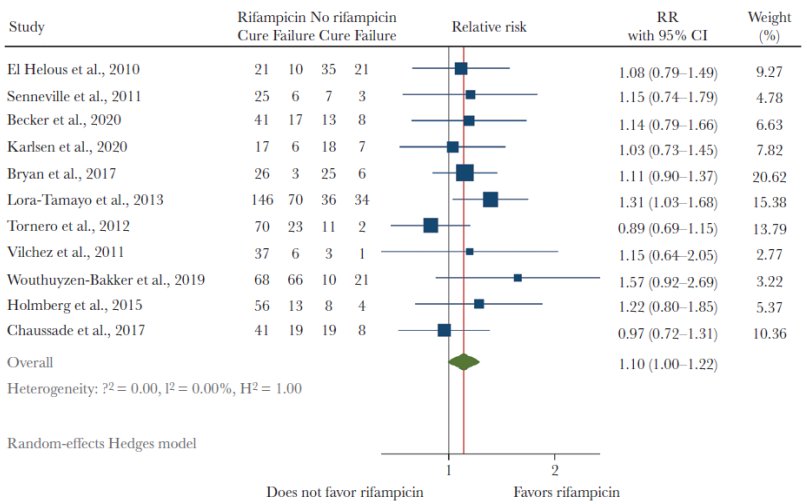


Figure 2. Relation between study size and outcome of staphylococcal prosthetic joint infection) treated with debridement, antibiotics, and retention of the implant (DAIR) (n = 64 studies)



Meta-analysis of 11 studies in which outcome for staphylococcal prosthetic joint infection (PJI) after debridement, antibiotics, and retention of the implant (DAIR) pared between patients treated and not treated with rifampicin. The point estimate (relative risk) for each study is represented by a square. The 95% confidence or each study is represented by a horizontal line intersecting the squa... The size of the square represents the relative precision of the study estimator; the uare, the more precise the study.

Table 2. Reported Outcome After DAIR, Stratified for Micro-Organism and/or Type of Joint Using Individual Patient Data From 64 Included Studies

Micro-Organism and/or Type of Joint	n Studies[a]	n Patients[a]	Pooled Success Rate of All Individual Patient Data	RR (95% CI)[b]
All	64	4380	60%	-
Per micro-organism				
Staphylococcus aureus	54	2922	61%	ref.
CNS	36	761	74%	1.50 (1.32–1.70)
Per Affected Joint				
Knee	27	1106	55%	ref.
Hip	24	904	69%	1.45 (1.29–1.63)
Per Affected Joint and Micro-Organism				
S aureus knee PJI	19	692	54%	ref.
CNS knee PJI	12	187	73%	1.72 (1.33–2.21)
S aureus hip PJI	19	547	69%	1.48 (1.27–1.72)
CNS hip PJI	13	145	83%	2.66 (1.85–3.84)

Abbreviations: CI, confidence interval; CNS, coagulase-negative staphylococci; DAIR, debridement, antibiotics, and retention of the implant; PJI, prosthetic joint infection; ref., reference category; RR, risk ratio.

[a]The columns 'n studies' and 'n patients' displays the number of studies and patients for which the specific outcome regarding affected joint and/or micro-organism was reported. For example: one study could report outcome for both *S aureus* and CNS but not stratifying outcome for type of joint, whereas other studies only reported outcome for the total population without stratification for either type of joint or micro-organism. Therefore, numbers in this table cannot be summed.

[b]Relative risks for success were calculated for micro-organisms (with *S aureus* PJI as reference), for type of joint (with knee PJI as a reference), and for the 4 groups (with *S aureus* knee PJI as a reference).

CENTRES DE RÉFÉRENCE POUR LES INFECTIONS OSTÉO-ARTICULAIRES COMPLEXES DU GRAND OUEST
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Rifampicine

RESEARCH ARTICLE Open Access

Impact of rifampicin dose in bone and joint prosthetic device infections due to *Staphylococcus spp:* a retrospective single-center study in France

M. Tonnelier[1,2*], A. Bouras[1], C. Joseph[1,3], Y. El Samad[1], B. Brunschweiler[4], J.-L. Schmit[1,3], C. Mabille[5] and J-P Lanoix[1,3]

- Etude rétrospective monocentrique
- 321 IPOA et de matériel à Staph spp traité après J5 par RIF avec suivi 1 an
- 47,7% d'infection aigüe, 164 PTH, 123 PTG
-3 groupes RIF faible dose <10mg/kg/j, dose intermédiaire entre 10et 20mg/kg/j, forte dose>20mg/kg/j
- RIF combiné avec FQ 67% et Clinda 15,6%
- effets indésirables 106 patients (26%) dont 65 arrêts

Table 4 Prognostic factors associated with treatment failure (multivariate analysis)

	OR [95% CI]	p
Age	0,94 [0.91–0.97]	0.001
Sex	0.86 [0.30–2.44]	0.773
Rifampicin dosage, mg/kg/day	1,02 [0.9–1.15]	0.753
Treatment duration, days	1,05 [1.03–1.07]	< 0.001

CENTRES DE RÉFÉRENCE POUR LES INFECTIONS OSTÉO-ARTICULAIRES COMPLEXES DU GRAND OUEST
CRIOGO

Dalbavancine

antibiotics

MDPI

Article

Use of Dalbavancin in Skin, Bone and Joint Infections: A Real-Life Experience in an Italian Center

Lucia Brescini [1,2,*], Filippo Della Martera [1,2], Gianluca Morroni [2], Sara Mazzanti [1,2], Maria Di Pietrantonio [1,2], Paolo Mantini [1,2], Bianca Candelaresi [1,2], Francesco Pallotta [1,2], Silvia Olivieri [1,2], Valentina Iencinella [2,3], Sefora Castelletti [3], Emanuele Cocci [4], Rosaria G. Polo [4], Salvatore Veccia [1], Oscar Cirioni [1,2], Marcello Tavio [3] and Andrea Giacometti [1,2]

- 55 patients 24% de IPOA, 14% d'ostéomyélite, 9% d'arthrite
- Bactério SAMR 16%, SEM 5% et Enterocoque 4%
- 1500mg 1 fois dans 53% des cas, dans 96% des cas en 2nde ligne
- 69% d'évolution favorable

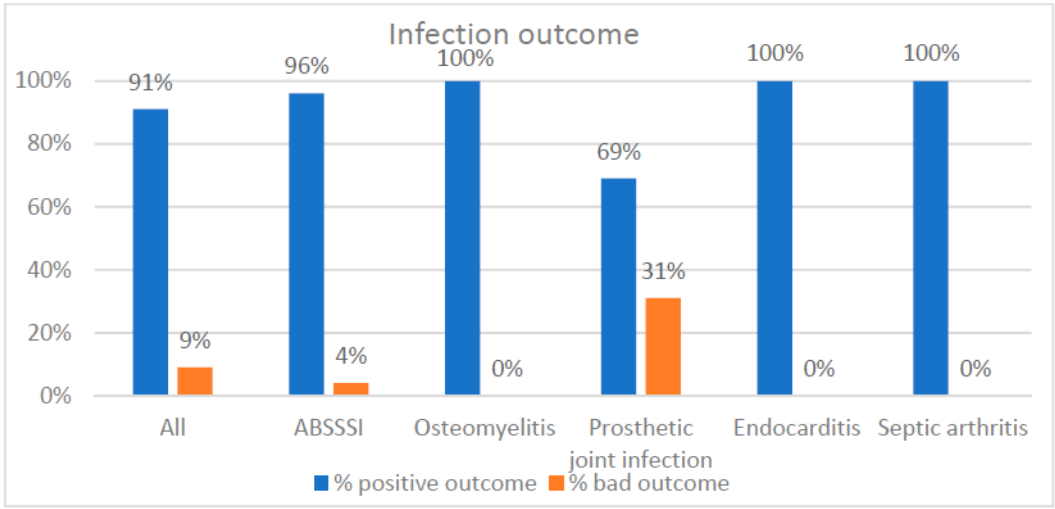

Figure 1. Clinical outcomes after dalbavancin application.

CENTRES DE RÉFÉRENCE POUR LES INFECTIONS OSTÉO-ARTICULAIRES COMPLEXES DU GRAND OUEST
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Dalbavancine

Contents lists available at ScienceDirect

Journal of Global Antimicrobial Resistance

journal homepage: www.elsevier.com/locate/jgar

Dalbavancin treatment for prosthetic joint infections in real-life: a national cohort study and literature review

Morgan Matt[a], Clara Duran[a], Johan Courjon[b], Romain Lotte[c], Vincent Le Moing[d], Boris Monnin[d], Patricia Pavese[e], Pascal Chavanet[f], Lydie Khatchatourian[g], Pierre Tattevin[h], Vincent Cattoir[i], Catherine Lechiche[j], Gabriella Illes[k], Flore Lacassin-Beller[k], Eric Senneville[l], Aurélien Dinh[a,*], on behalf of the Dalbavancin French Study Group

- 17 patients (8PTH et 6 PTG) traités par DALBA en sauvetage (94% de prétraités avec 2.2±1.3 lignes d'atb)
- Mise sous dalba pour effets indésirables autres atb (50%), observance (25%)
- Bactério : Staph aureus 10 (1 SAMR), SCN 10 (4 SEMR)

- Schéma utilisé : 1500mg J1 et J8
-8/17 guéris avec médiane de suivi de 299 jours (IQR 97.0-476.0]
- 73.1 % de guérison dans la littérature

CENTRES DE RÉFÉRENCE POUR LES INFECTIONS OSTÉO-ARTICULAIRES COMPLEXES DU GRAND OUEST
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Dalbavancine

Infect Dis Ther
https://doi.org/10.1007/s40121-021-00577-6

ORIGINAL RESEARCH

Dalbavancin in Real Life: Economic Impact of Prescription Timing in French Hospitals

Guillaume Béraud · Jean-Claude Maupetit · Audric Darras · Alexandre Vimont · Martin Blachier

- Etude d'impact économique en vie réelle à partir des registres français de l'utilisation de la Dalba comparé à la data base nationale
- 154 patients inclus dont 56% pour IOA
- Réduction de durée de séjour (jusqu'à 13j) et du coût (jusqu'à 2227 €)
- switch précoce (dans les 11jours) encore mieux

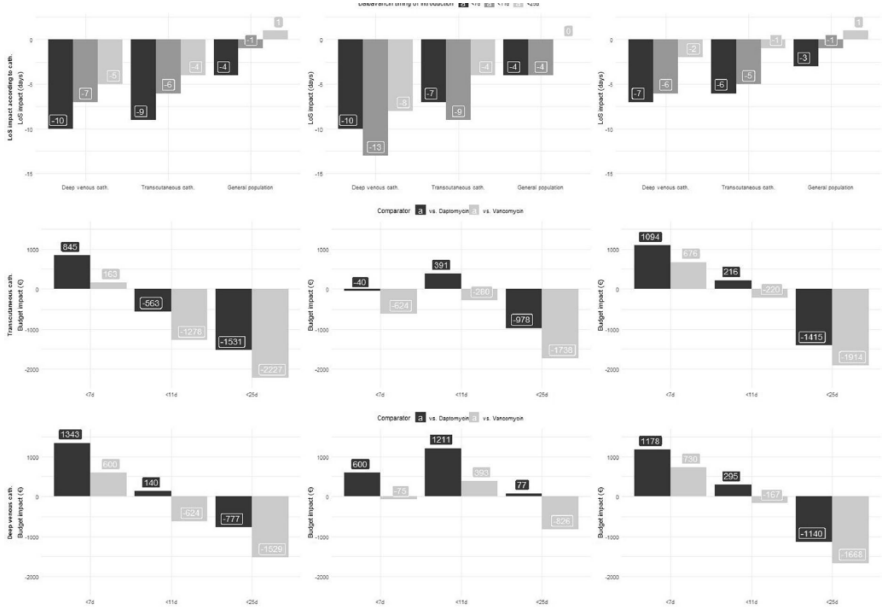


Fig. 2 Impact on the length of stay (first row) and budget (second and third row) of dalbavancin according to the timing of introduction, the site of infection (left column, BJI; central column, IE; right column, ABSSSI) and the catheter type (second row, transcutaneous cath.; third row, deep venous cath.)

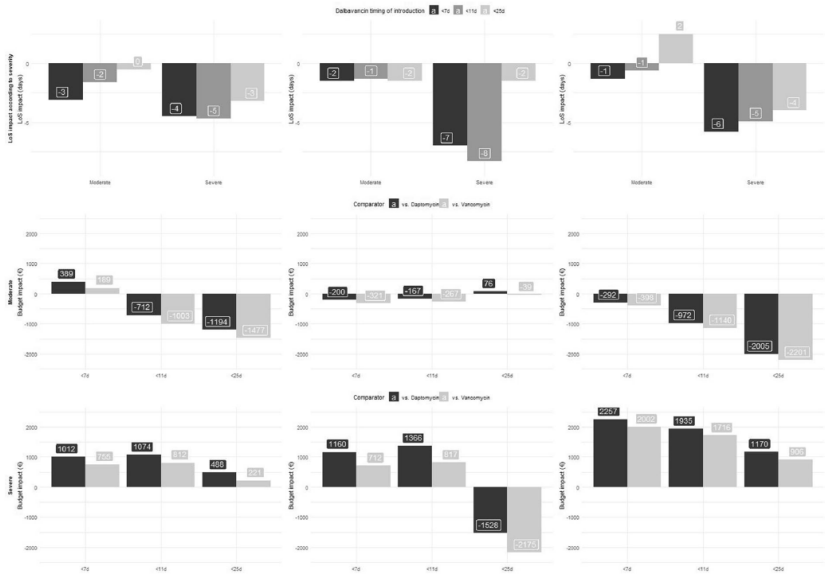


Fig. 3 Impact on the length of stay (first row) and budget (second and third row) of dalbavancin according to the timing of introduction, the site of infection (left column, BJI; central column, IE; right column, ABSSSI) and the patient severity (second row, moderate; third row, severe)

Dalbavancine

AMERICAN SOCIETY FOR MICROBIOLOGY | Antimicrobial Agents and Chemotherapy®

CLINICAL THERAPEUTICS

Population Pharmacokinetics of Dalbavancin and Dosing Consideration for Optimal Treatment of Adult Patients with Staphylococcal Osteoarticular Infections

Pier Giorgio Cojutti,[a,b] Matteo Rinaldi,[c,d] Eleonora Zamparini,[c,d] Nicolò Rossi,[c,d] Sara Tedeschi,[c,d] Matteo Conti,[c] Federico Pea,[c,e] Pierluigi Viale[c,d]

-Simulation de Monte Carlo avec 6 régimes différents de dalba (1500mg J1, 1000mg J1 + 500mg J8, 1500mg J1 et J8, 1500mg J1 et J8 + 500, 1000 ou 1500mg à J36)

- Analyse de 15 patients (73,3% de IPOA)

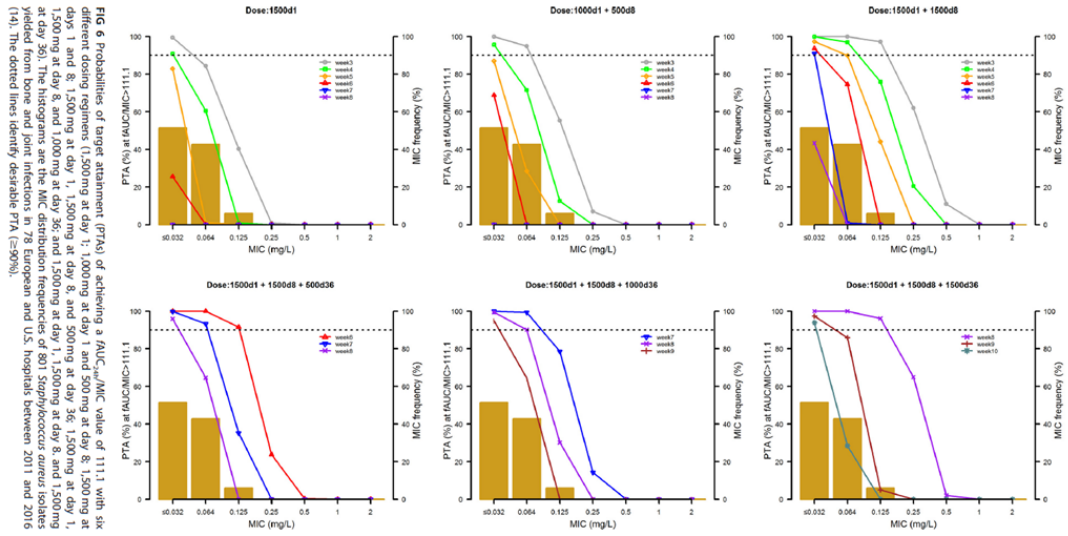


FIG 6 Probabilities of target attainment (PTAs) of achieving a fAUC$_{24}$/MIC value of 111.1 with six different dosing regimens (1,500 mg at day 1; 1,000 mg at day 1 and 500 mg at day 8; 1,500 mg at day 1 and 8; 1,500 mg at day 1, 1,500 mg at day 8, and 500 mg at day 36; 1,500 mg at day 1, 1,500 mg at day 8, and 1,000 mg at day 36; and 1,500 mg at day 1, 1,500 mg at day 8, and 1,500 mg at day 36). The histograms are the MIC distribution frequencies of 801 *Staphylococcus aureus* isolates yielded from bone and joint infections in 78 European and U.S. hospitals between 2011 and 2016 (14). The dotted lines identify desirable PTA (≥90%).

CENTRES DE RÉFÉRENCE POUR LES INFECTIONS OSTÉO-ARTICULAIRES COMPLEXES DU GRAND OUEST

CRIOGO

Telavancine

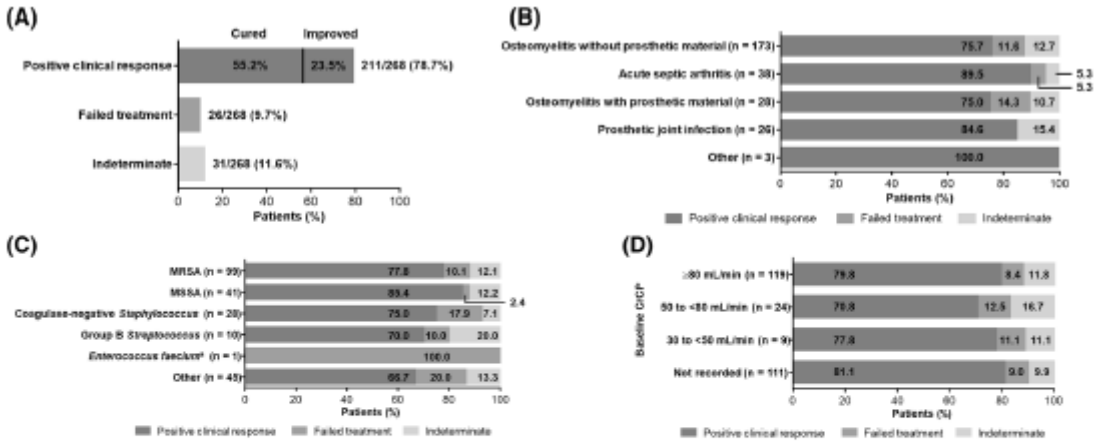
Drugs - Real World Outcomes (2021) 8:509–518
https://doi.org/10.1007/s40801-021-00255-6

ORIGINAL RESEARCH ARTICLE

Real-World Clinical Use and Outcomes of Telavancin for the Treatment of Bone and Joint Infections: Results from the Telavancin Observational Use Registry (TOUR™)

Charles R. Sims[1] · Adam M. Bressler[2] · Donald R. Graham[3] · Melinda K. Lacy[4] · David A Bibiana Castaneda-Ruiz[4]

- Registre américain utilisation Telavancin en vie réelle
- 291 IOA (66% ostéomyélite sans matériel)
- Bactério SAMR 37.8%, SAMS 14.8%, SCN 10%
- Dose utilisée : 750 mg pendant 26 j en médiane
- 2nde ligne ou plus dans 208 cas
- évaluation > 30j
- effets II : 19,9 % (la moitié de l'IR et 79% arrêt)



Positive clinical response includes patients deemed cured or improved to oral step-down therapy.

[a]Vancomycin-sensitive *Enterococcus faecium* (vancomycin MIC = 2 µg/mL) with MRSA (vancomycin MIC = 2 µg/mL) coinfection; *Enterobacter cloacae* and *Citrobacter freundii* also detected at baseline.

[b]One patient assessed at EOT had CrCl <30 mL/min and had a positive clinical outcome; 4 patients assessed at EOT were receiving dialysis at baseline, of whom 1 had a positive clinical response, 2 experienced treatment failure, and 1 had an indeterminate outcome.

CrCl, creatinine clearance; EOT, end of treatment; MIC, minimum inhibitory concentration; MRSA, methicillin-resistant *Staphylococcus aureus*; MSSA, methicillin-susceptible *Staphylococcus aureus*.

CENTRES DE RÉFÉRENCE POUR LES INFECTIONS OSTÉO-ARTICULAIRES COMPLEXES DU GRAND OUEST
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Tédizolide

antibiotics

MDPI

Article

Tolerance of Prolonged Oral Tedizolid for Prosthetic Joint Infections: Results of a Multicentre Prospective Study

Eric Senneville [1,2,3,*], Aurélien Dinh [4,5], Tristan Ferry [6,7], Eric Beltrand [3,8], Nicolas Blondiaux [3,9] and Olivier Robineau [1,2,3]

- Etude prospective multicentrique IPOA traitées 6-12s par Tedizolid
- 19 PTH, 13 PTG et 1 PTE
- 73.3 ans moyenne, ASA ≥2 81%, ~ 60% avec des comorbidités
- Staph 58% (métiR 42%)
- TDZ (200mg/j) utilisé pour éviter effets II ou DDI dans 48.5% et à cause d'effets II du LZD dans 9.1%.
- TDZ associé à 1 autre atb dans 54.5% des cas (RIF 48.5%)
- Durée moyenne 8.77 (6-12) semaines

-20 patients (60.6%) avec effets indésirables
-4 arrêts pour intolérance

Table 3. Episodes of adverse effects reported in 33 patients during tedizolid therapy.

Adverse Event (N° of Discontinuation of Tedizolid Therapy)	N° of Episodes of Adverse Effects *
anemia (2)	4
asthenia	1
leukopenia	2
thrombocytopenia	2
headache	2
pruritus	4
abdominal pain	1
nausea/vomiting (1)	2
vertigo	1
xerosis	1
dysgeusia	1
epistaxis	1
arthralgia (1)	2
thrush	1
insomnia	2
intermittent blurred vision	1
Total	28

* Five patients had more than one episode of adverse effects.

CENTRES DE RÉFÉRENCE POUR LES INFECTIONS OSTÉO-ARTICULAIRES COMPLEXES DU GRAND OUEST
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Tédizolide

antibiotics

MDPI

Article

Long-Term Use of Tedizolid in Osteoarticular Infections: Benefits among Oxazolidinone Drugs

Eva Benavent [1,2], Laura Morata [2,3,4], Francesc Escrihuela-Vidal [1], Esteban Alberto Reynaga [5], Laura Soldevila [1,2], Laia Albiach [3], Maria Luisa Pedro-Botet [5], Ariadna Padullés [6], Alex Soriano [2,3,4] and Oscar Murillo [1,2,4,*]

-Analyse rétrospective multicentrique IOA traitées par TDZ

-51 cas (27 ostéo-arthrites, 17 IPOA, 9 pieds diabétique) 65 ans d'âge médian

-Choix du TDZ : 63 %DDI, 55% de cytopénie et dans 92% suite à switch

-Bactério : 65% staphylocoque

Table 3. Analytic values of patients under Tedizolid treatment.

Hematological Parameters	N	At the Beginning of Treatment with Tedizolid (mean, SD)	At the End of Treatment with Tedizolid (mean, SD)	*p* Value	Use of Rifampicin	Days with Tedizolid (Median, IQR)
Hemoglobin (g/L)	45	108.6 ± 20.3	116.3 ± 18.4	0.079	-	29 (15–44)
No anemia *	10	137.5 ± 15.5	141.5 ± 11.8	0.596	30%	29 (17–42)
Mild anemia *	10	114.2 ± 4.4	116.4 ± 11.9	0.586	10%	20.5 (15–29)
Moderate and severe anemia *	25	94.7 ± 2	105.4 ± 3.2	0.004	28%	31 (14–44)
Platelet count ($\times 10^9$/L)	45	240.6 ± 114.6	238.9 ± 92.3	0.942	-	29 (15–44)
>150 × 10^9/L	33	290.7 ± 15.6	252 ± 20.7	0.134	30.3%	29 (17–42)
<150 × 10^9/L	12	102.7 ± 8.3	196.5 ± 17.5	0.001	8.3%	37 (9–100)
Leucocytes($\times 10^9$/L)	45	6.42	6.51	0.887	-	29 (15–44)

* In accordance with definition in Section 4.2. No anemia was considered when; Hb > 130 g/L for men and Hb > 120 g/L for women. Mild anemia; Hb 110–129 g/L for men and Hb 110–119 g/L for women. Moderate anemia considered Hb < 109 g/L and severe anemia Hb < 80 g/L for men and women in both cases.

-Durée médiane de TT 29j (IQR 15-44)
200mg/j

-TDZ monothérapie 53%

-83% de guérison avec suivi 630j

-Effets secondaires 3 patients (digestifs)

CENTRES DE RÉFÉRENCE POUR LES INFECTIONS OSTÉO-ARTICULAIRES COMPLEXES DU GRAND OUEST
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Tédizolide

Open Forum Infectious Diseases

BRIEF REPORT

Safety of Tedizolid as Suppressive Antimicrobial Therapy for Patients With Complex Implant-Associated Bone and Joint Infection due to Multidrug-Resistant Gram-Positive Pathogens: Results From the TediSAT Cohort Study

Tristan Ferry,[1,2,3] Anne Conrad,[1,2,3] Eric Senneville,[4,5,6] Sandrine Roux,[1,2] Céline Dupieux-Chabert,[1,2,3] Aurélien Dinh,[7,8] Sébastien Lustig,[2,9] Sylvain Goutelle,[1,2,10] Thomas Briot,[1,2] Truong-Thanh Pham,[1,2,11] Florent Valour[1,2,3]

- Etude prospective d'utilisation du TDZ en SAT
- 17 (10PTG, 5 PTH) patients 73 ans d'âge médian
- TDZ 200mg/j 6 mois en médiane [IQR 2-15]
- utilisation après TT IV 42j et chez 9 après LZD
- suivi 8 mois (IQR 5-17) : 4 échecs (23.5%), 0 pour effets indésirables

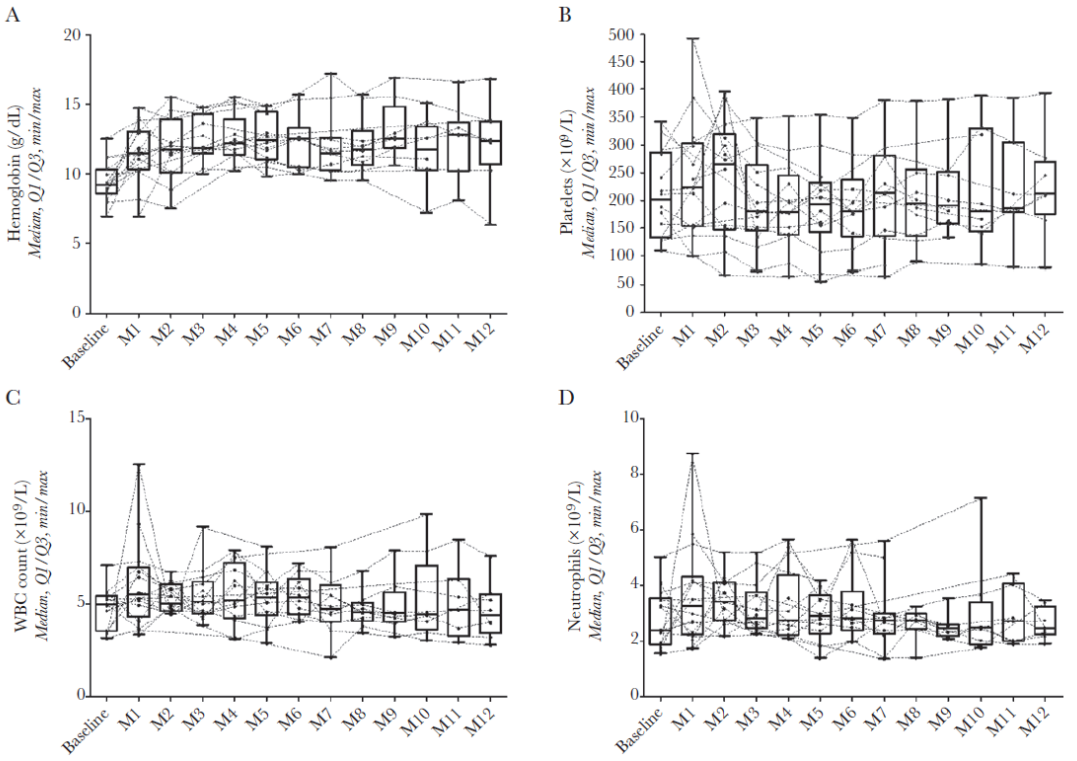

Figure 1. Evolution of hemoglobin (*A*), platelet count (*B*), white blood cell (WBC) count (*C*), and neutrophil count (*D*) during the first 12 months of suppressive antimicrobial therapy with tedizolid.

CENTRES DE RÉFÉRENCE POUR LES INFECTIONS OSTÉO-ARTICULAIRES COMPLEXES DU GRAND OUEST
CRIOGO

Clinical Infectious Diseases

Durée des ATB

Three versus six weeks of antibiotic therapy for diabetic foot osteomyelitis: A prospective, randomized, non-inferiority pilot trial

Gariani, Karim ; Pham, Truong-Thanh ; Kressmann, Benjamin ; Jornayvaz, François R ; Gastaldi, Giacomo ; Stafylakis, Dimitrios ; Philippe, Jacques ; Lipsky, Benjamin A ; Uçkay, İlker

- Etude randomisée en ouvert 3S vs 6S de TT atb
- Echec après au moins 2 mois de suivi = persistance de l'infection, rechute, réinfection ou amputation secondaire
- Bactério : Staph aureus dans 47%
- Débridement chirurgical dont 36% d'amputation partielle
- Marge de non infériorité 25%!

- suivi médian 11 mois [IQR 5-19]
- 37/44 bras 3S vs 36/49 bras 6S (p=0.21)
- effets II des atb identiques (9% vs 14%; p=0.44)

Table 3. Univariate and multivariate associations with the outcome "clinical remission" in the intention to treat (ITT) and per protocol (PP) population

(Cox regression analysis; results expressed as hazard ratios with 95% confidence intervals)

ITT Population	Univariate	Multivariate	PP Population	Univariate	Multivariate
n = 93			n = 82		
Demographics					
Female sex	0.9, 0.5-1.6	-	Female sex	1.0, 0.5-1.9	-
Age	1.0, 1.0-1.0	-	Age	1.0, 1.0-1.0	-
Body mass index	1.0, 0.9-1.0	-	Body Mass Index	1.0, 0.9-1.0	-
Toe osteomyelitis	1.0, 0.6-1.7	-	Toe osteomyelitis	1.2, 0.7-2.1	-
Peripheral arterial disease	0.9, 0.5-1.5	-	Peripheral arterial disease	0.9, 0.5-1.6	-
Ankle-brachial index	0.7, 0.2-1.9	-	Ankle-Brachial Index	0.8, 0.3-2.2	-
- Angioplasty	1.4, 0.6-3.2	1.6, 0.8-3.2	- Angioplasty	1.9, 0.8-4.6	1.9, 0.9-3.8
Wound Score (size) at admission	1.0, 1.0-1.0	-	Wound Score (size) at admission	1.0, 0.9-1.0	-
Pathogen			*Pathogens*		
Staphylococcus aureus	1.1, 0.7-1.9	1.4, 0.8-2.4	*Staphylococcus aureus*	1.1, 0.6-1.8	1.3, 0.8-2.1
Gram-negative bacilli	0.9, 0.5-1.5	-	Gram-negative bacilli	1.0, 0.5-1.7	-
Polymicrobial infection	1.4, 0.8-2.3	-	Polymicrobial infection	1.3, 0.7-2.2	-
Therapy			*Therapy*		
3-week antibiotic therapy arm	1.0, 0.6-1.6	1.1, 0.6-1.7	Short (3-week) antibiotic therapy	0.8, 0.4-1.3	0.8, 0.5-1.4
Intravenous antibiotic duration	1.0, 1.0-1.0	1.0, 1.0-1.0	Intravenous antibiotic duration	1.0, 1.0-1.0	1.0, 1.0-1.0
Number of surgical debridement	1.0, 0.8-1.2	-	Number of surgical debridement	1.1, 0.8-1.5	-
- Partial amputations	0.7, 0.4-1.2	***0.5, 0.2-0.9***	- Partial amputations	0.6, 0.3-1.1	0.5, 0.3-1.0
Adequate patient adherence	0.9, 0.5-1.7	-	Adequate patient's adherence	0.6, 0.3-1.2	-

CENTRES DE RÉFÉRENCE POUR LES INFECTIONS OSTÉO-ARTICULAIRES COMPLEXES DU GRAND OUEST
CRIOGO

Durée des ATB

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Antibiotic Therapy for 6 or 12 Weeks for Prosthetic Joint Infection

L. Bernard, C. Arvieux, B. Brunschweiler, S. Touchais, S. Ansart, J.-P. Bru, E. Oziol, C. Boeri, G. Gras, J. Druon, P. Rosset, E. Senneville, H. Bentayeb, D. Bouhour, G. Le Moal, J. Michon, H. Aumaître, E. Forestier, J.-M. Laffosse, T. Begué, C. Chirouze, F.-A. Dauchy, E. Devaud, B. Martha, D. Burgot, D. Boutoille, E. Stindel, A. Dinh, P. Bemer, B. Giraudeau, B. Issartel, and A. Caille

- 410 patients avec IPOA documentés randomisés traitement 6S vs 12S
- Evaluation du succès à 2 ans après fin des atb

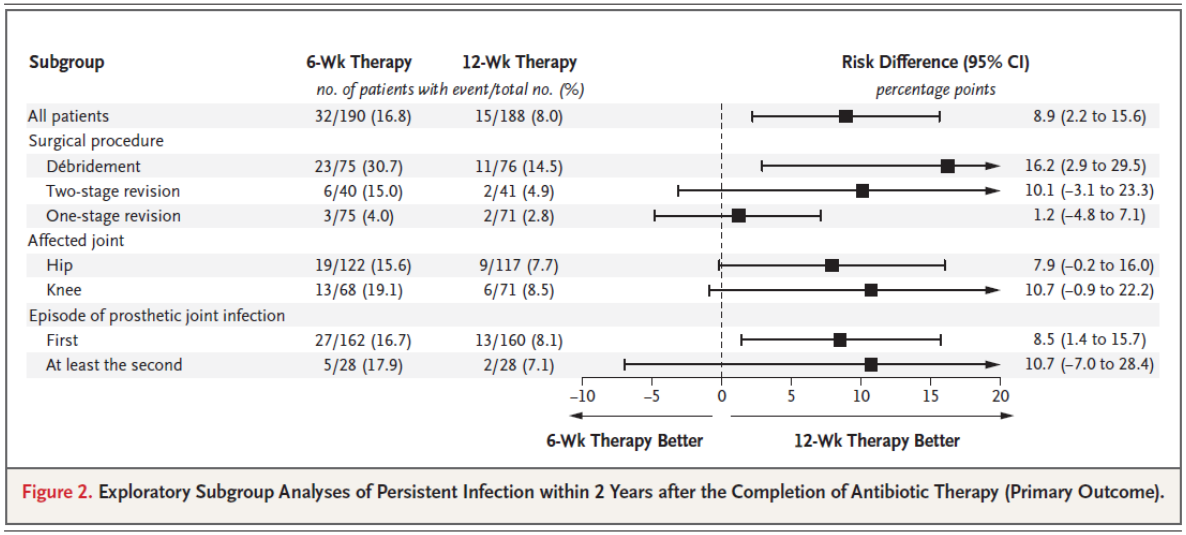

Figure 2. Exploratory Subgroup Analyses of Persistent Infection within 2 Years after the Completion of Antibiotic Therapy (Primary Outcome).

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Traitement peros

RESEARCH ARTICLE Open Access

Effectiveness of early switching from intravenous to oral antibiotic therapy in *Staphylococcus aureus* prosthetic bone and joint or orthopedic metalware-associated infections

Hélène Boclé[1], Jean-Philippe Lavigne[2,3], Nicolas Cellier[4], Julien Crouzet[1], Pascal Kouyoumdjian[4], Albert Sotto[1,2] and Paul Loubet[1,2*]

- 140 patients inclus, 60,4 ans en moyenne, 66% H
- 53 IPA (38 PT/IH, 13 PTG, 2 PTCheville)
87 matériel (16 clous intramédullaires et 71 plaques)
- 81% de SAMS
- 85% <5j d'atb IV
- Relais oral : 84% RIF +OFL (63%) ou COTRI (16%)

-12 échecs 8.5%.
En multivariée échec lié à SAMR, obésité, et traitement empirique non adapté
- Durée de séjour moyen 14.4 jours (13j vs 22.7; p=0.015)

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ATB suppressif

J. Bone Joint Infect., 6, 313–319, 2021
https://doi.org/10.5194/jbji-6-313-2021

JBJI Journal of Bone and Joint Infection Open Access

The efficacy of suppressive antibiotic treatment in patients managed non-operatively for periprosthetic joint infection and a draining sinus

Karel-Jan Dag François Lensen[1], Rosa Escudero-Sanchez[2], Javier Cobo[2], Rihard Trebše[3], Camelia Gubavu[4], Sara Tedeschi[5], Jose M. Lomas[6], Cedric Arvieux[7], Dolors Rodriguez-Pardo[8], Massimo Fantoni[9], Maria Jose Garcia Pais[10], Francisco Jover[11], Mauro José Costa Salles[12], Ignacio Sancho[13], Marta Fernandez Sampedro[14], Alex Soriano[15], Marjan Wouthuyzen-Bakker[1], and ESCMID Study Group of Implant Associated Infections (ESGIAI)[+]

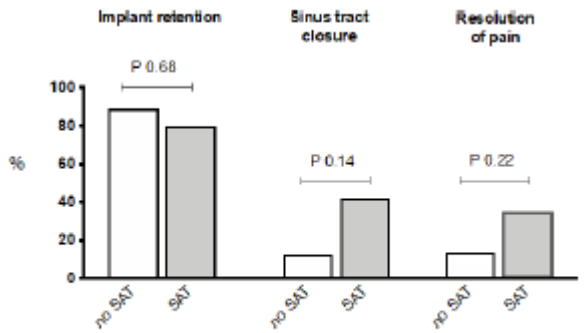


Figure 1. Clinical outcome of patients with and without SAT (suppressive antibiotic treatment).

Etude multicentrique rétrospective observationnelle IPA non opérable avec fistule
SAT > 6 mois avec traitement oral
74 ans d'âge moyen
36 PTH, 32 PTG, 2PTE
Bactério : 70% de cocci G+

27% effets indésirables sous SAT
42% de descellement secondaire et 3,2% de bactériémie
Fermeture de la fistule dans 42% et amélioration des douleurs dans 35%

CENTRES DE RÉFÉRENCE POUR LES INFECTIONS OSTÉO-ARTICULAIRES COMPLEXES DU GRAND OUEST
CRIOGO

Phages

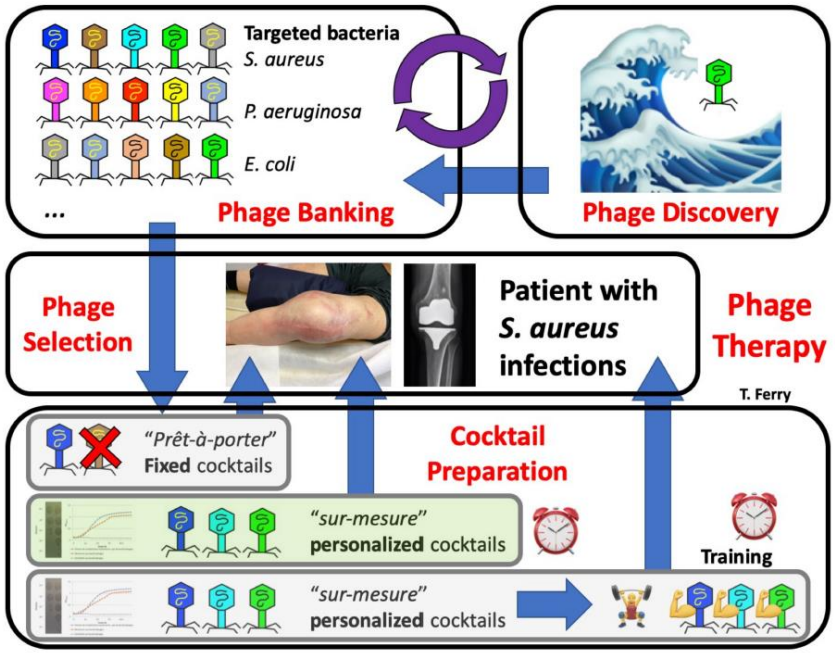
viruses

MDPI

Review

Past and Future of Phage Therapy and Phage-Derived Proteins in Patients with Bone and Joint Infection

Tristan Ferry [1,2,3,4,*], Camille Kolenda [1,2,3,4], Thomas Briot [1], Aubin Souche [1,2,3,4], Sébastien Lustig [1,2,3], Jérôme Josse [1,2,3,4], Cécile Batailler [1,2,3], Fabrice Pirot [1,2,5], Mathieu Medina [1], Gilles Leboucher [1], Frédéric Laurent [1,2,3,4], on behalf of the Lyon BJI Study Group [†] and on behalf of the PHAGE*in*LYON Study Group [‡]



CENTRES DE RÉFÉRENCE POUR LES INFECTIONS OSTÉO-ARTICULAIRES COMPLEXES DU GRAND OUEST

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