JN 20es Journées Nationales d'Infectiologie
Lyon
et la région Auvergne-Rhône-Alpes
du mercredi 5 juin 2019
au vendredi 7 juin 2019

BEST OF
Infections sur matériel

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Hospices Civils de Lyon

Centre International de Recherche en Infectiologie





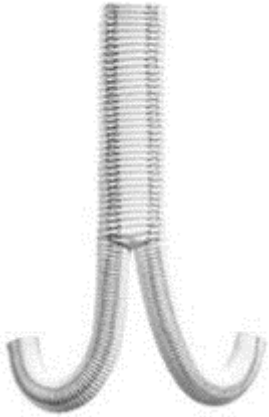
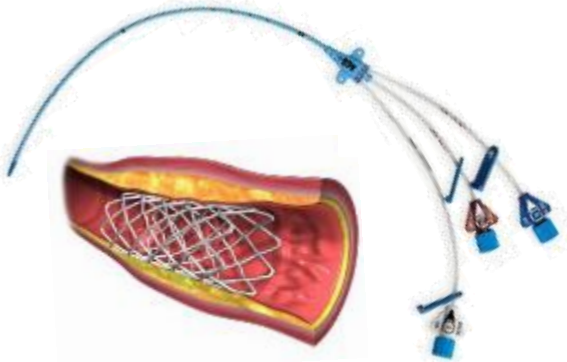










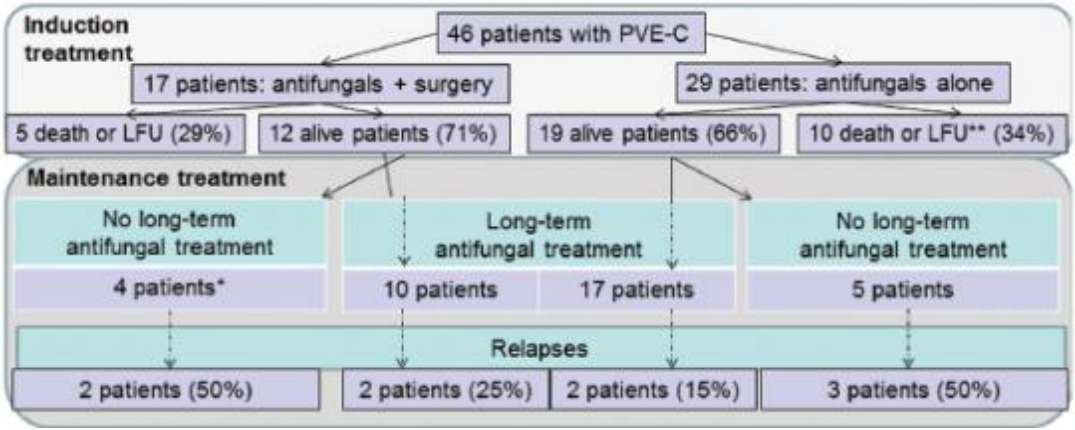



Prosthetic Valve *Candida* spp. Endocarditis: New Insights Into Long-term Prognosis—The ESCAPE Study

Claire Rivoisy,[1,a] Antonio Vena,[2,3,4,5,a] Laura Schaeffer,[6] Caroline Charlier,[1] Arnaud Fontanet,[6,7] François Delahaye,[8] Emilio Bouza,[4,5,9] Olivier Lortholary,[1,10,b] Patricia Munoz,[2,3,4,5,b] and Agnès Lefort[11,12,b]; for the French Mycoses Study Group and Grupo de Apoyo al Manejo de las Endocarditis en España (GAMES)[c]

Clin Infect Dis
2018 ; 66:825-32

Cohorte prospective observationnelle binationale



Principaux FR décès à 6 mois :

- Âge
- Échinocandine vs L-Amb
- Durée d'induction courte
- Absence de maintenance par fluconazole

Analyse multivariée : échinocandines (OR 13,5; 1-838)

Pas d'impact :

- Chirurgie
- 5FC

Ventricular assist device-related infections and solid organ transplantation—Guidelines from the American Society of Transplantation Infectious Diseases Community of Practice

Christine E. Koval[1,2] | Valentina Stosor[3] | on behalf of the AST ID Community of Practice

Clin Transplant 2019 ; e13552

Très faible niveau de preuve …

1. **Diagnostic d'extension** : infections superficielles, canules, pompe, médiastinine, IIA … Intérêt de l'imagerie +++ (écho, ETT, TDM, PET +++ ou SPECT/CT)
2. **Schémas thérapeutiques** basés sur ceux de l'EI / bactériémie
3. Changement de matériel rarement possible : intérêt de l'**antibiothérapie suppressive**
4. **Absence de contre-indication à la transplantation** (sauf infections fongiques ?)

Infections in patients using ventricular-assist devices: Comparison of the diagnostic performance of ^{18}F-FDG PET/CT scan and leucocyte-labeled scintigraphy

Authors Authors and affiliations

Carole de Vaugelade, Charles Mesguich, Karine Nubret, Fabrice Carrou, Carine Greib, Gael Doumes, Frédéric Deborderaux, Elif Hindie, Laurent Barandon, Ghoufrane Tlili

J Nucl Cardiol 2019 ; 26:42-55

Therapeutic outcome of spinal implant infections caused by *Staphylococcus aureus*

A retrospective observational study

Oh-Hyun Cho, MD[a], In-Gyu Bae, MD[b], Song Mi Moon, MD[c,m], Seong Yeon Park, MD[d], Yee Gyung Kwak, MD[e], Baek-Nam Kim, MD[f], Shi Nae Yu, MD[g], Min Hyok Jeon, MD[g], Tark Kim, MD[h], Eun Ju Choo, MD[h], Eun Jung Lee, MD[i], Tae Hyong Kim, MD[i], Seong-Ho Choi, MD[j], Jin-Won Chung, MD[j], Kyung-Chung Kang, MD[k], Jung Hee Lee, MD[k], Yu-Mi Lee, MD[l], Mi Suk Lee, MD[l], Ki-Ho Park, MD[l,*]

Medicine
2018 ; 97:40(e12629)

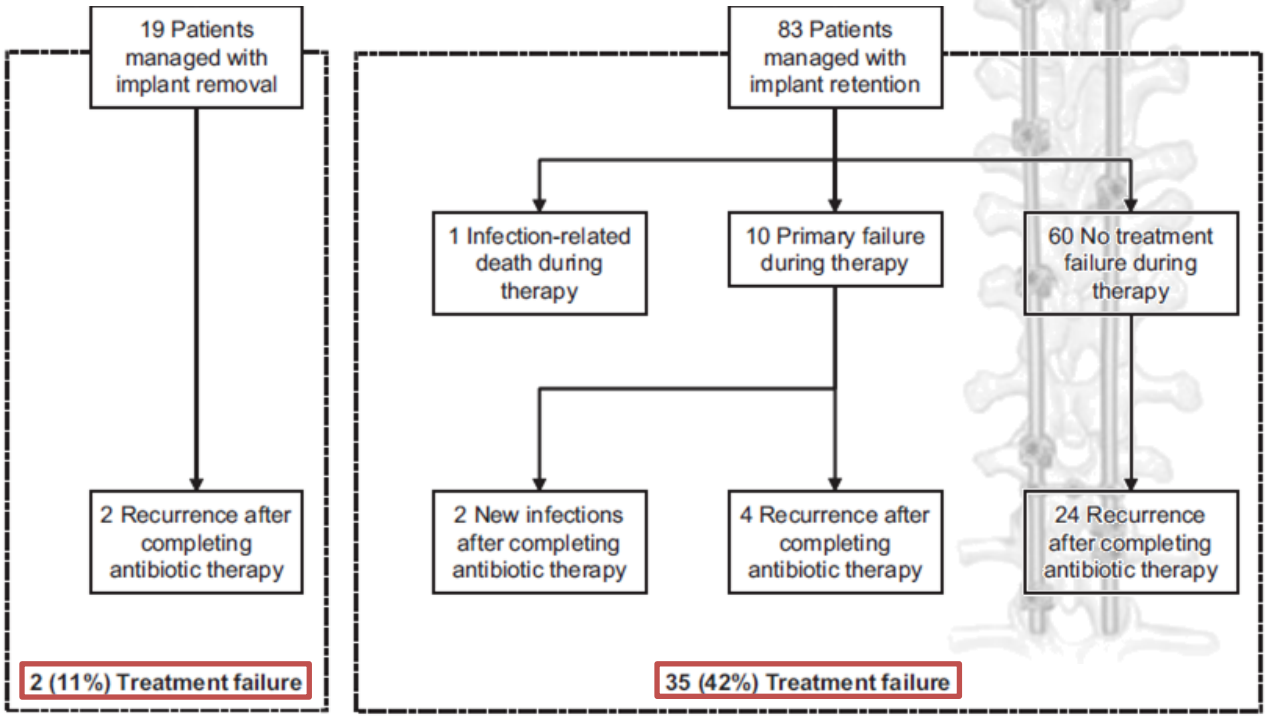
Cohorte rétrospective multicentrique

n=102
63 ans (50-70)
21% diabète

Délai médian 6 sem
50% > 30 jours

75% MRSA

Echec : 36%



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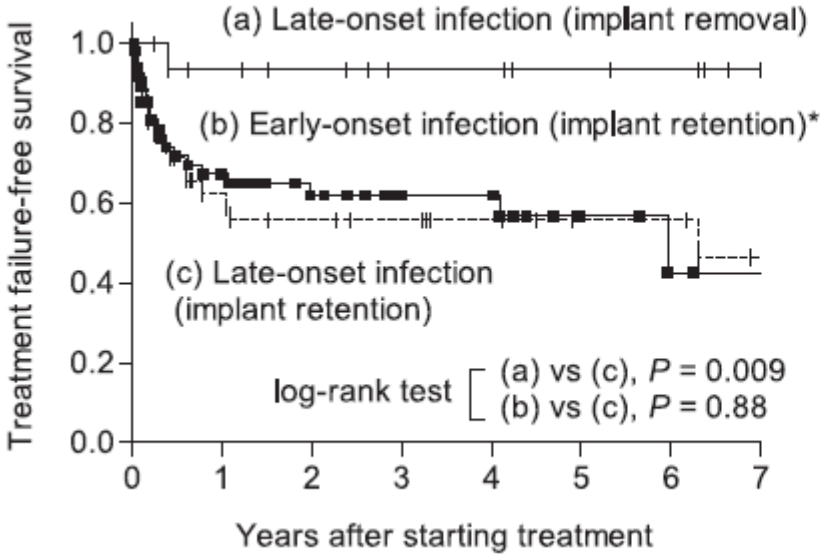
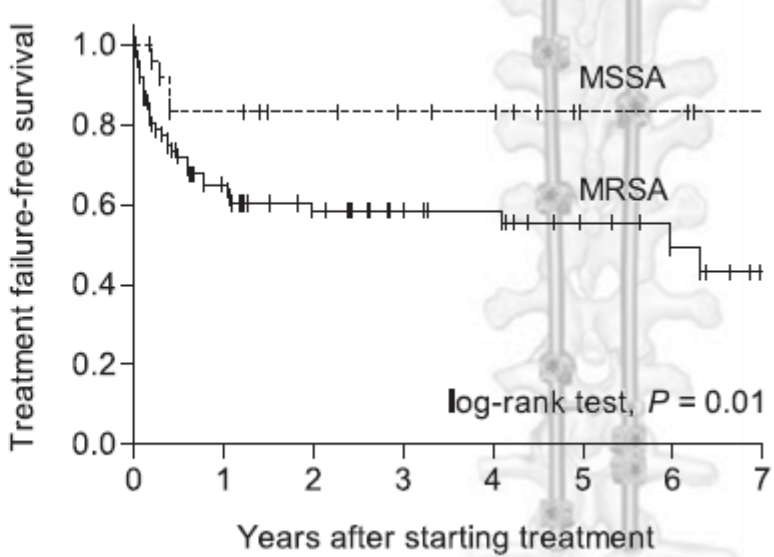
Medicine
2018 ; 97:40(e12629)





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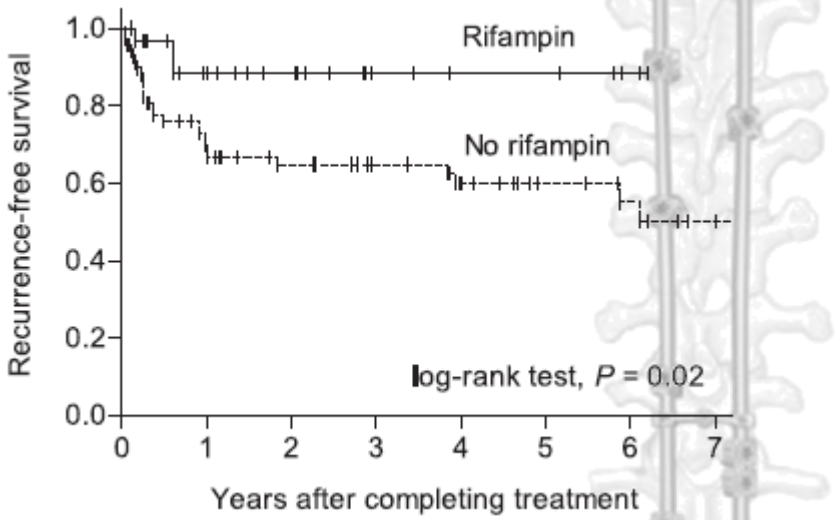
Medicine
2018 ; 97:40(e12629)

Antibiothérapie :

- IV initial : 100%
  Durée IV : 41 jours (22-57)
- Durée totale : 7,4 sem (4,9-12,6)
- Rifampicine > 2 sem : 29%



OR récidive = 0,23 (0,07-0,76)

Therapeutic outcome of spinal implant infections caused by *Staphylococcus aureus*

A retrospective observational study

Oh-Hyun Cho, MD[a], In-Gyu Bae, MD[b], Song Mi Moon, MD[c,m], Seong Yeon Park, MD[d], Yee Gyung Kwak, MD[e], Baek-Nam Kim, MD[f], Shi Nae Yu, MD[g], Min Hyok Jeon, MD[g], Tark Kim, MD[h], Eun Ju Choo, MD[h], Eun Jung Lee, MD[i], Tae Hyong Kim, MD[j], Seong-Ho Choi, MD[j], Jin-Won Chung, MD[j], Kyung-Chung Kang, MD[k], Jung Hee Lee, MD[k], Yu-Mi Lee, MD[l], Mi Suk Lee, MD[l], Ki-Ho Park, MD[l,*]

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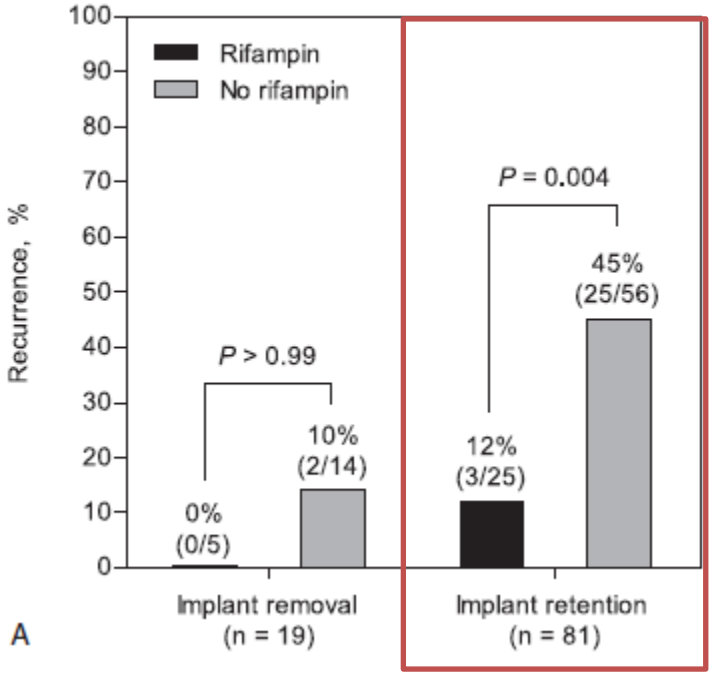
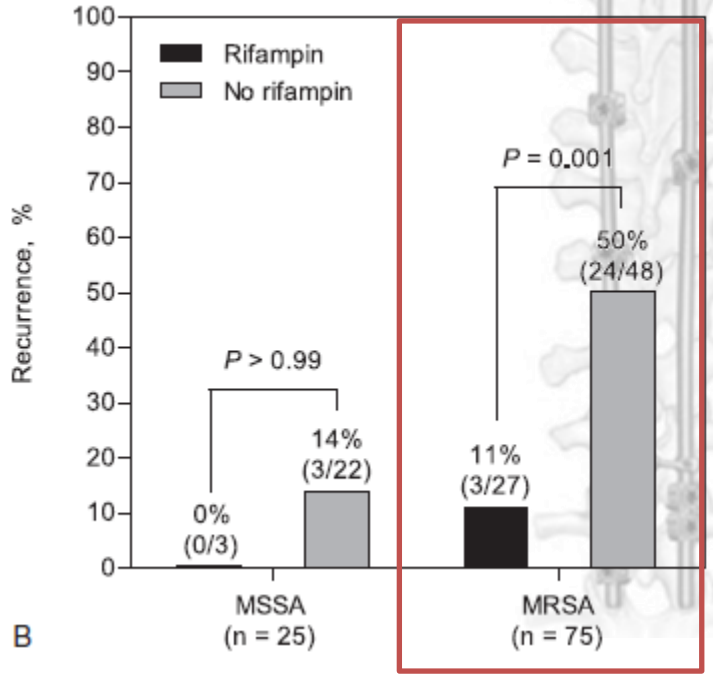




The Different Microbial Etiology of Prosthetic Joint Infections according to Route of Acquisition and Time after Prosthesis Implantation, Including the Role of Multidrug-Resistant Organisms

Natividad Benito [1,2,*], Isabel Mur [1,2], Alba Ribera [3], Alex Soriano [4], Dolors Rodríguez-Pardo [5], Luisa Sorlí [6], Javier Cobo [7], Marta Fernández-Sampedro [8], María Dolores del Toro [9], Laura Guío [10], Julia Praena [11], Alberto Bahamonde [12], Melchor Riera [13], Jaime Esteban [14], Josu Mirena Baraia-Etxaburu [15], Jesús Martínez-Alvarez [16], Alfredo Jover-Sáenz [17], Carlos Dueñas [18], Antonio Ramos [19], Beatriz Sobrino [20], Gorane Euba [3], Laura Morata [4], Carles Pigrau [5], Juan P. Horcajada [6], Pere Coll [2,21], Xavier Crusi [22], Javier Ariza [3] and on behalf of the REIPI (Spanish Network for Research in Infectious Disease) Group for the Study of Prosthetic Joint Infections/GEIO (Group for the Study of Osteoarticular Infections), SEIMC (Spanish Society of Infectious Diseases and Clinical Microbiology) [†]

J Clin Med
2019 ; 8:673

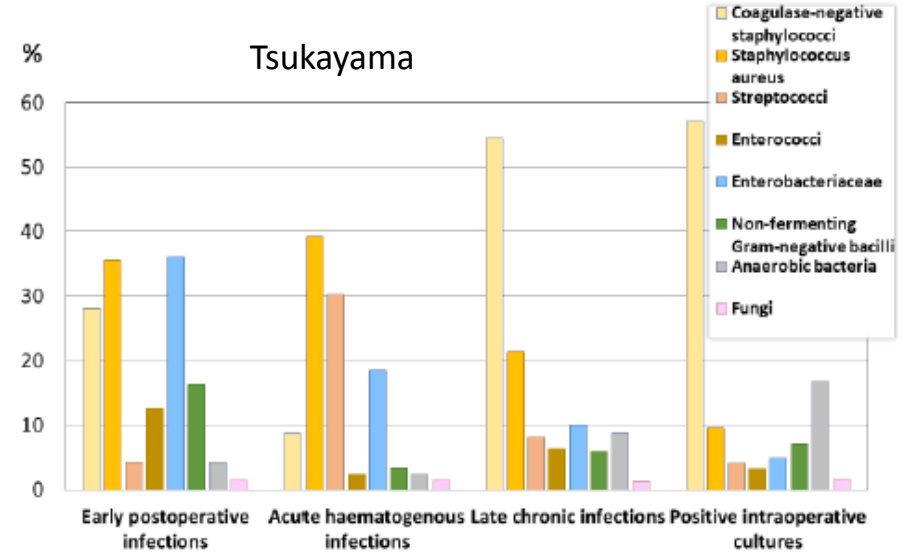
Cohorte rétrospective multicentrique

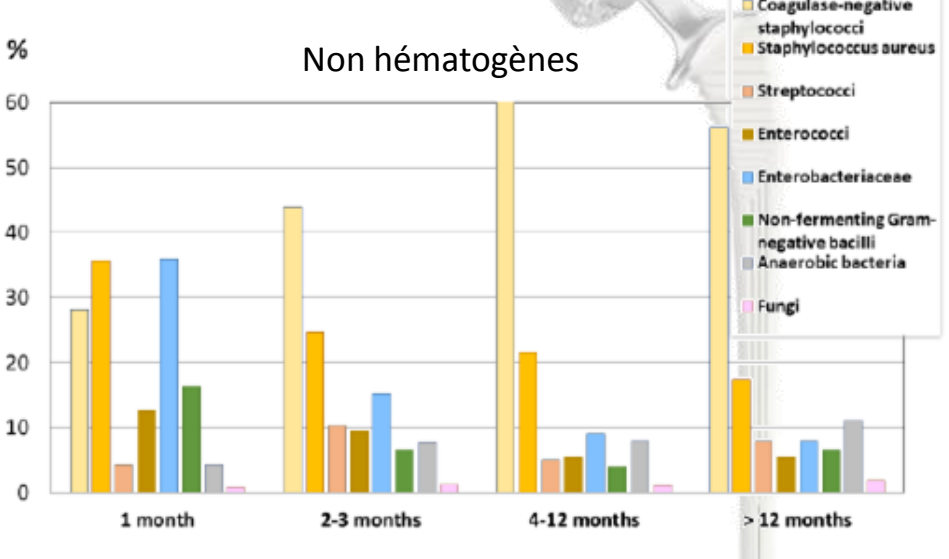
2 524 PJI, 90.6% documentées

Epidémiologie microbienne selon la chronologie – Impact sur l'antibiothérapie probabiliste

The Different Microbial Etiology of Prosthetic Joint Infections according to Route of Acquisition and Time after Prosthesis Implantation, Including the Role of Multidrug-Resistant Organisms

J Clin Med
2019 ; 8:673





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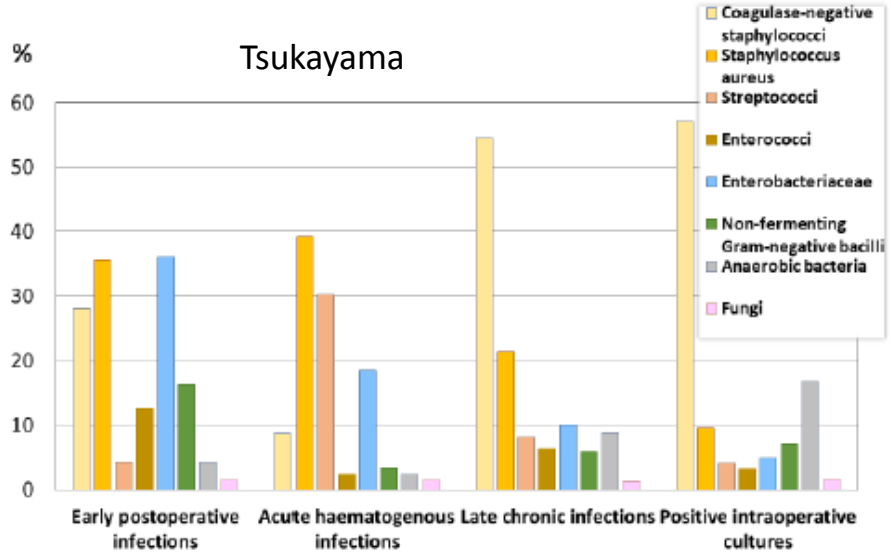
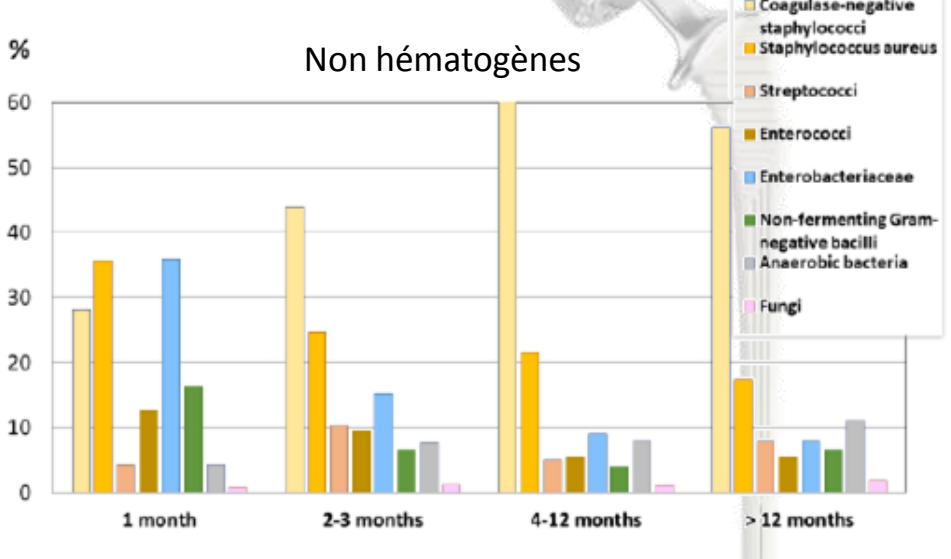
J Clin Med
2019 ; 8:673

Tsukayama



Anti-GP (VAN, DAP)
+
Anti-Pseudomonas BL
(ceftazidime/cefepime)

Non hématogènes



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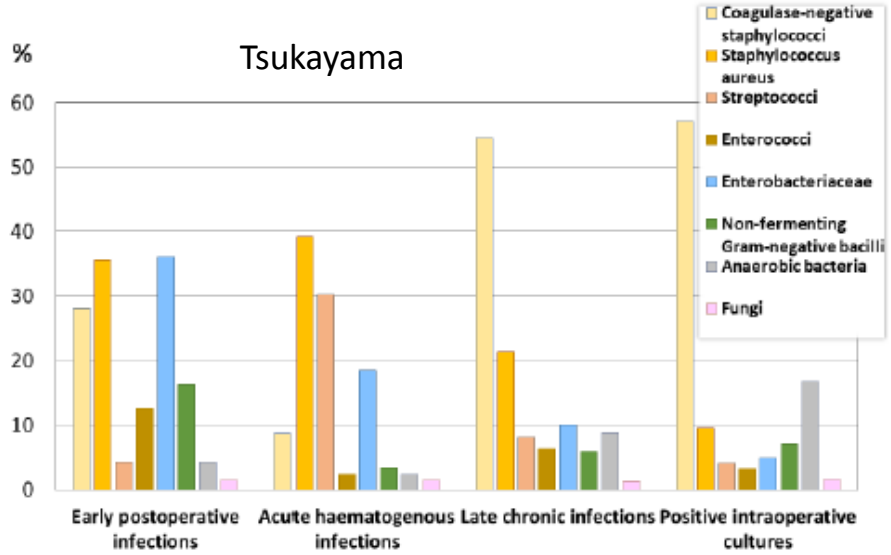
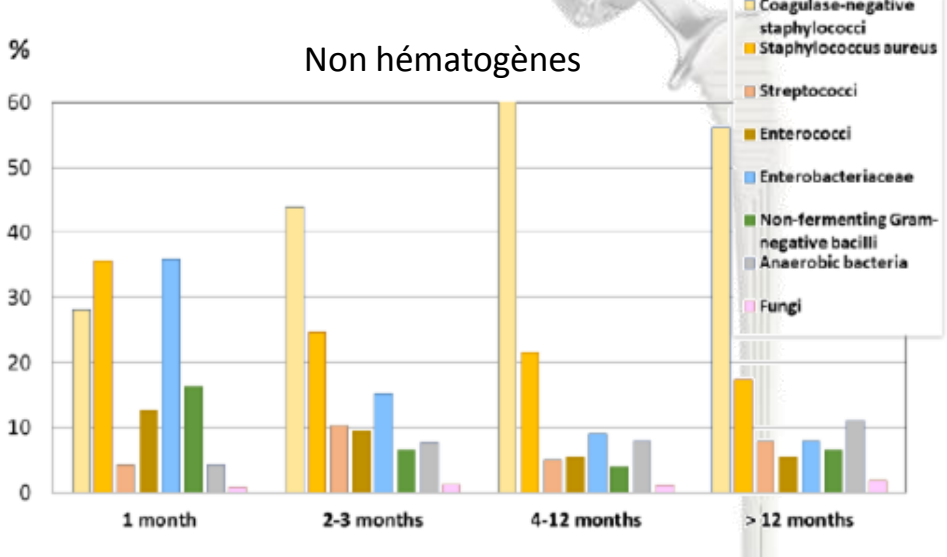


Anti-GP (VAN, DAP)
+
BL non anti-PA
(ceftriaxone, cefotaxime)

Non hématogènes



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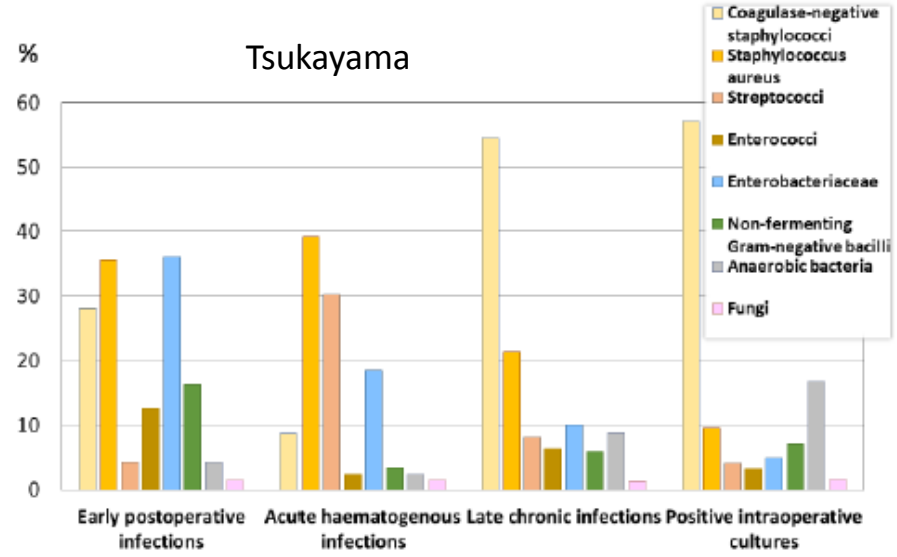
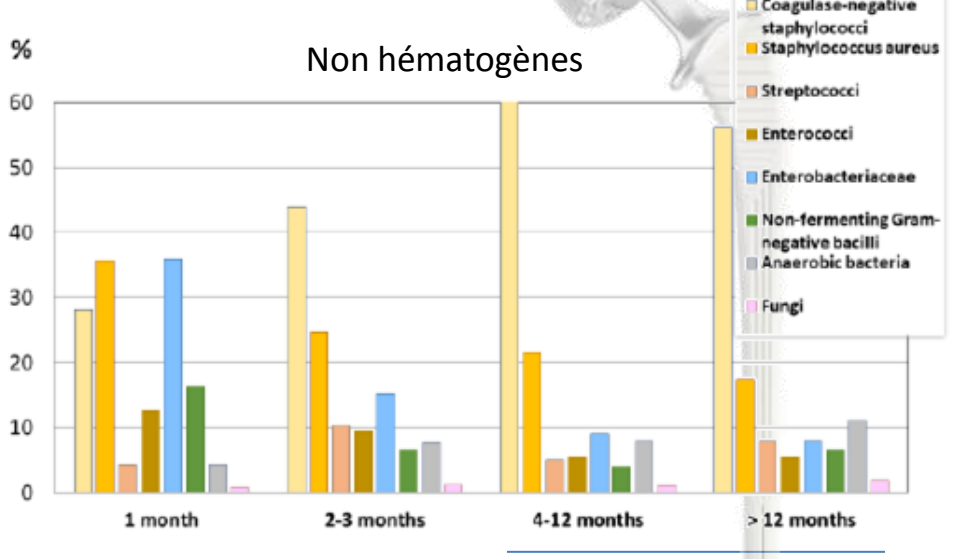


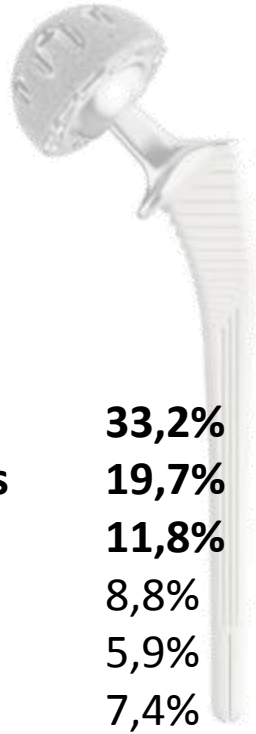


Anti-GP (VAN, DAP)
?

Clinical outcome and risk factors for failure in late acute prosthetic joint infections treated with debridement and implant retention☆

Marjan Wouthuyzen-Bakker et al, on behalf of the ESCMID Study Group for Implant-Associated Infections

J Infect
2019 ; 78:40-7



Cohorte rétrospective (2005-15), 27 centres

340 PJI retardées (≥ 3 mois après pose de prothèse) aiguës (symptômes ≤ 3 mois)

Echec
- Nécessité de dépose de prothèse
- Nécessité de traitement suppressif
- Récidive
- Super-infection
- Décès lié à l'infection

S. aureus	**33,2%**
Streptocoques	**19,7%**
BGN	**11,8%**
SCN	8,8%
Entérocoques	5,9%
Polymicrobien	7,4%
Non documentée	7,4%

Clinical outcome and risk factors for failure in late acute prosthetic joint infections treated with debridement and implant retention☆

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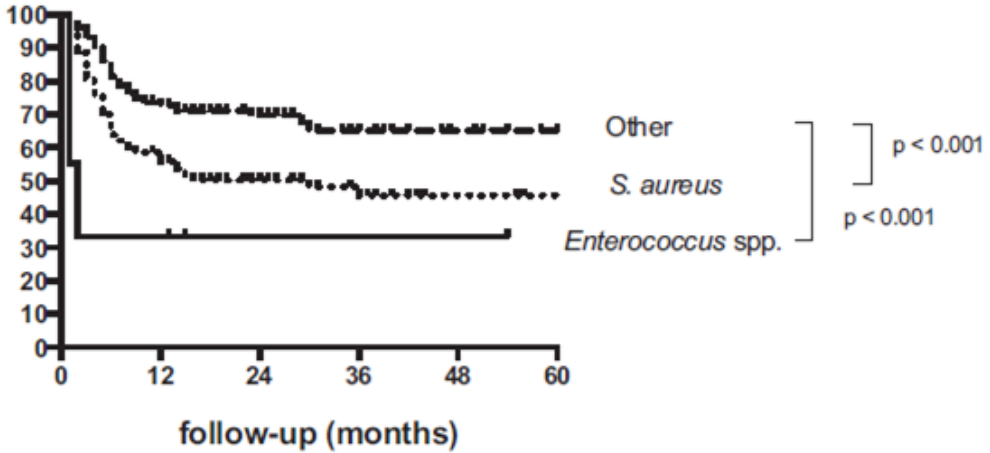
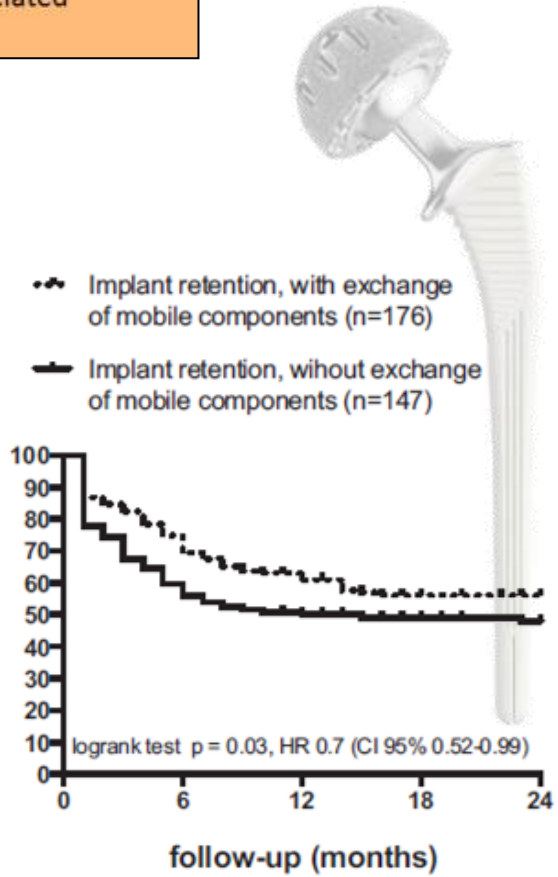
J Infect
2019 ; 78:40-7

Echec = 45%

2 facteurs de risque les plus impactant :

- *S. aureus*
- changement des pièces mobiles





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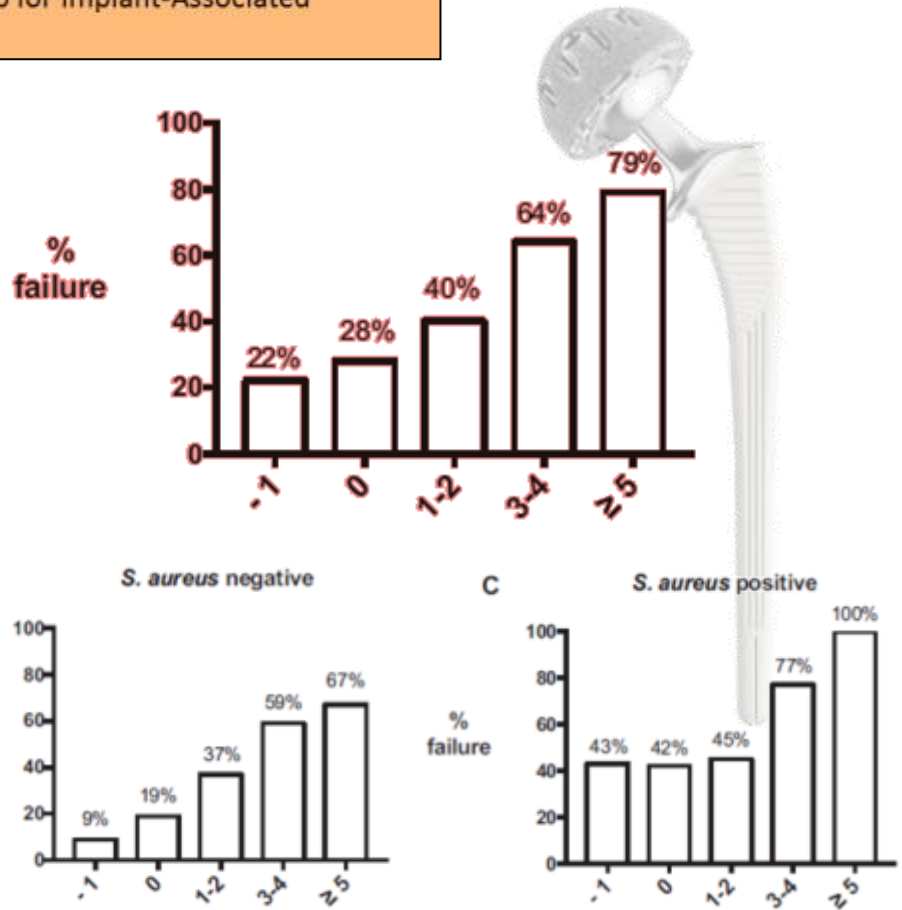
J Infect
2019 ; 78:40-7

Score pronostic « pré-thérapeutique »

CRIME80

C	COPD	2
	CRP > 150 mg/L	1
R	Rheumatoid arthritis	3
I	Indication prosthesis: fracture	3
M	Male	1
E	Exchange of mobile components	-1
80	Age > 80 years	2



Predicting Failure in Early Acute Prosthetic Joint Infection Treated With Debridement, Antibiotics, and Implant Retention: External Validation of the KLIC Score

Claudia A.M. Löwik, MD [a,*], Paul C. Jutte, MD, PhD [a,1], Eduard Tornero, MD [b], Joris J.W. Ploegmakers, MD [a,1], Bas A.S. Knobben, MD, PhD [c,1], Astrid J. de Vries, PhD [c,1], Wierd P. Zijlstra, MD, PhD [d,1], Baukje Dijkstra, MSc [d,1], Alex Soriano, MD, PhD [e], Marjan Wouthuyzen-Bakker, MD, PhD [f], on behalf of the Northern Infection Network Joint Arthroplasty (NINJA)

J Arthroplasty
2018 ; 33:2582-7

Validation externe du **KLIC score**
Score pronostic « pré-thérapeutique » (Tornero et al, CMI 2015)

386 PJI précoces (≤ 3 mois après pose de prothèse)
aiguës (symptômes < 21 jours)

Echec :
- Lavage itératif
- Ablation de la prothèse
- Antibiothérapie suppressive
- Décès lié à l'infection

	Variable	Score
K	Chronic renal failure (kidney)	2
L	Liver cirrhosis	1.5
I	Index procedure (revision surgery or prosthesis indicated for a fracture)	1.5
C	Cemented prosthesis	2
C	C-reactive protein >115 mg/L	2.5

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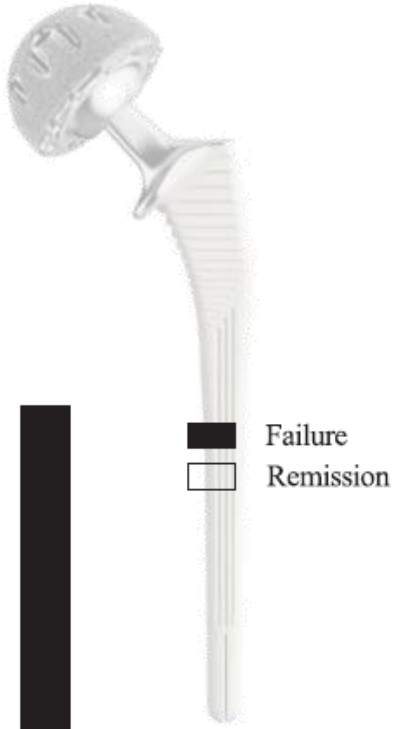

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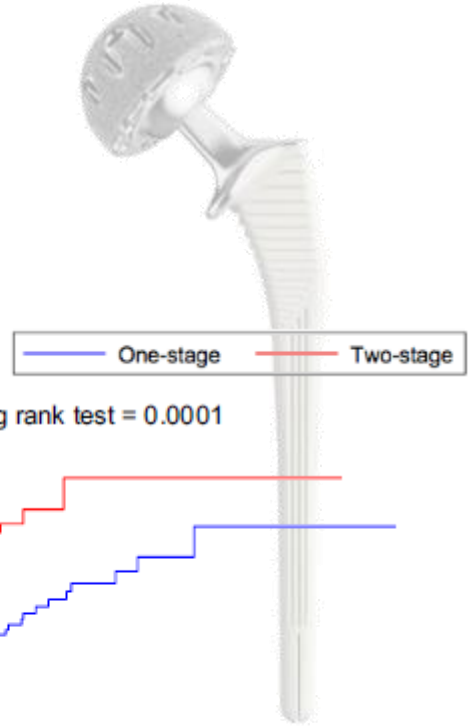
Autres FR d'échec

- Age, score ASA, insuf. coronarienne
- Fistule
- Sepsis
- Bactériémie
- *S. aureus* et anaérobies
- Absence d'ATB locaux

One- and two-stage surgical revision of peri-prosthetic joint infection of the hip: a pooled individual participant data analysis of 44 cohort studies

Setor K. Kunutsor[1,2] · Michael R. Whitehouse[1,2] · Ashley W. Blom[1,2] · Tim Board[3] · Peter Kay[3] · B. Mike Wroblewski[3] · Valérie Zeller[4] · Szu-Yuan Chen[5] · Pang-Hsin Hsieh[5] · Bassam A. Masri[6] · Amir Herman[6] · Jean-Yves Jenny[7] · Ran Schwarzkopf[8] · John-Paul Whittaker[9] · Ben Burston[9] · Ronald Huang[10] · Camilo Restrepo[10] · Javad Parvizi[10] · Sergio Rudelli[11,12] · Emerson Honda[11,12] · David E. Uip[11,12] · Guillem Bori[13] · Ernesto Muñoz-Mahamud[13] · Elizabeth Darley[14] · Alba Ribera[15] · Elena Cañas[16] · Javier Cabo[16] · José Cordero-Ampuero[17] · Maria Luisa Sorlí Redó[18] · Simon Strange[1] · Erik Lenguerrand[1] · Rachael Gooberman-Hill[1] · Jason Webb[19] · Alasdair MacGowan[14] · Paul Dieppe[20] · Matthew Wilson[21] · Andrew D. Beswick[1] · The Global Infection Orthopaedic Management Collaboration

Eur J Epidemiol
2018 ; 33(10):933-46



Analyse poolée de 1 856 infections chroniques / PTH issues de 44 cohortes

Objectif principal : récidive ou super-infection

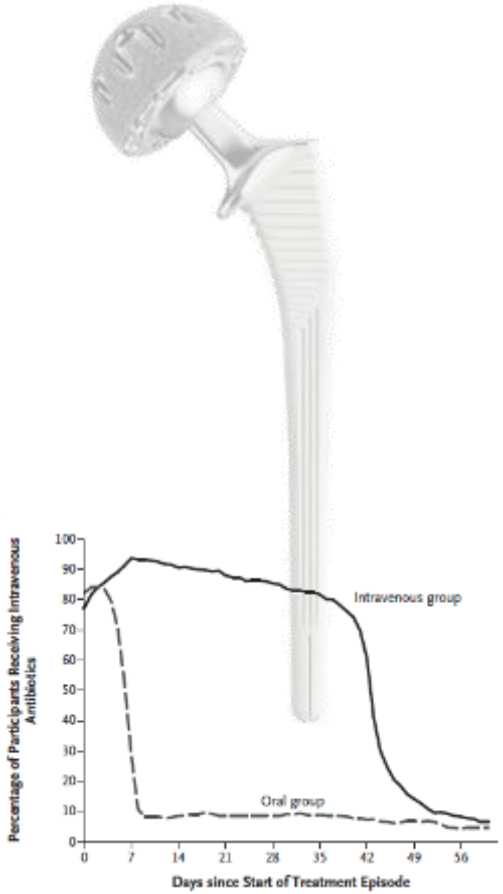
- 1 temps : 16.8 (95% CI 13.6–20.7) / 1000 pers. année
- 2 temps : 32.3 (95% CI 27.3–38.3) / 1000 pers. année

Pas de différence significative après ajustement / âge, sexe, comorbidités, reprises chirurgicales et germes « difficiles à traiter »

Oral versus Intravenous Antibiotics for Bone and Joint Infection

H.-K. Li, I. Rombach, R. Zambellas, A.S. Walker, M.A. McNally, B.L. Atkins, B.A. Lipsky, H.C. Hughes, D. Bose, M. Kümin, C. Scarborough, P.C. Matthews, A.J. Brent, J. Lomas, R. Gundle, M. Rogers, A. Taylor, B. Angus, I. Byren, A.R. Berendt, S. Warren, F.E. Fitzgerald, D.J.F. Mack, S. Hopkins, J. Folb, H.E. Reynolds, E. Moore, J. Marshall, N. Jenkins, C.E. Moran, A.F. Woodhouse, S. Stafford, R.A. Seaton, C. Vallance, C.J. Hemsley, K. Bisnauthsing, J.A.T. Sandoe, I. Aggarwal, S.C. Ellis, D.J. Bunn, R.K. Sutherland, G. Barlow, C. Cooper, C. Geue, N. McMeekin, A.H. Briggs, P. Sendi, E. Khatamzas, T. Wangrangsimakul, T.H.N. Wong, L.K. Barrett, A. Alvand, C.F. Old, J. Bostock, J. Paul, G. Cooke, G.E. Thwaites, P. Bejon, and M. Scarborough, for the OVIVA Trial Collaborators*

N Engl J Med
2019 ; 380(5):425-36



Essai randomisé ouvert multicentrique (UK) OVIVA

1054 IOA
Relais per os à J7 versus S6
Durée totale médiane : 78 vs 71 jours (NS)

Oral versus Intravenous Antibiotics for Bone and Joint Infection

N Engl J Med
2019 ; 380(5):425-36

Table 1. Baseline Characteristics of the Trial Participants.*

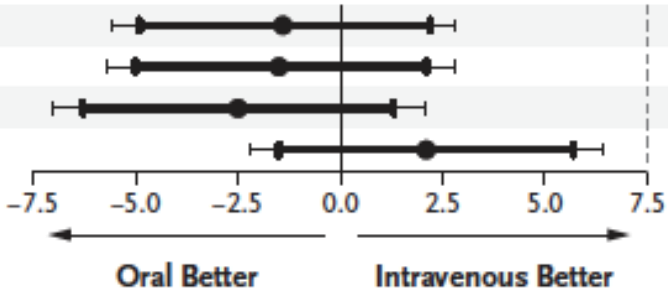
Characteristic	Intravenous Group (N=527)	Oral Group (N=527)	Total (N=1054)
Age — yr			
Median (interquartile range)	61 (49–70)	60 (49–70)	60 (49–70)
Range	18–92	18–91	18–92
Male sex — no. (%)	320 (60.7)	358 (67.9)	678 (64.3)
Baseline surgical procedure — no. (%)			
No implant or device present; débridement of chronic osteomyelitis performed	153 (29.0)	169 (32.1)	322 (30.6)
No implant or device present; débridement of chronic osteomyelitis not performed	25 (4.7)	29 (5.5)	54 (5.1)
Débridement and implant retention	124 (23.5)	123 (23.3)	247 (23.4)
Removal of orthopedic device for infection	89 (16.9)	78 (14.8)	167 (15.8)
Prosthetic joint implant removed	68 (12.9)	67 (12.7)	135 (12.8)
Prosthetic joint implant, one-stage revision	47 (8.9)	43 (8.2)	90 (8.5)
Surgery for diskitis, spinal osteomyelitis, or epidural abscess; débridement performed	8 (1.5)	5 (0.9)	13 (1.2)
Surgery for diskitis, spinal osteomyelitis, or epidural abscess; débridement not performed	13 (2.5)	13 (2.5)	26 (2.5)

639 (61%) d'IOA sur matériel

Oral versus Intravenous Antibiotics for Bone and Joint Infection

N Engl J Med
2019 ; 380(5):425-36

Subgroup	Oral Group	Intravenous Group	Risk Difference (90% CI; 95% CI)
	patients with treatment failure/ total no. of participants		
Intention-to-treat population	70.0/527	77.3/527	−1.4 (−4.9 to 2.2; −5.6 to 2.9)
Modified intention-to-treat population	67/509	74/506	−1.5 (−5.0 to 2.1; −5.7 to 2.8)
Per-protocol population	61/466	69/443	−2.5 (−6.3 to 1.3; −7.0 to 2.1)
Worst-case sensitivity analysis	85/527	74/527	2.1 (−1.5 to 5.7; −2.2 to 6.4)



Echec de traitement à 1 an : critères cliniques et/ou microbiologiques et/ou histologiques

Oral versus Intravenous Antibiotics for Bone and Joint Infection

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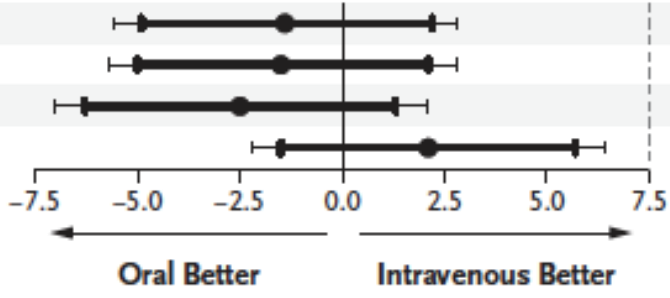


2 - Baseline surgical procedure, heterogeneity p = 0.26				
Baseline surgical procedure 1	16/148	16/138		0.93 (0.45, 1.94)
Baseline surgical procedure 2	3/37	7/29		0.34 (0.08, 1.41)
Baseline surgical procedure 3	23/98	19/97	DAIR	1.20 (0.61, 2.34)
Baseline surgical procedure 4	18/125	28/126	Ablation	0.65 (0.34, 1.23)
Baseline surgical procedure 5	7/34	4/42	1 temps	2.16 (0.58, 8.00)
6 - Metal retained, heterogeneity p = 0.13				
No metal retained	34/269	43/258		0.76 (0.47, 1.23)
Metal retained	30/132	23/139		1.37 (0.76, 2.49)

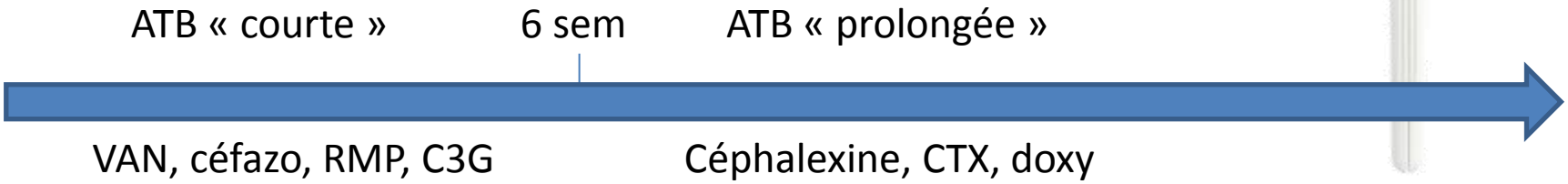
Benefits and Adverse Events Associated with Extended Antibiotic Use in Total Knee Arthroplasty Periprosthetic Joint Infection

Neel B. Shah M.D., Beverly L. Hersh B.S., Alexander M. Kreger B.S., Aatif Sayeed B.S., Andrew G. Bullock B.S., Scott D. Rothenberger Ph.D., Brian Klatt M.D., Brian Hamlin M.D., Kenneth L. Urish M.D., Ph.D.

Clin Infect Dis
2019 ; Apr 4 (sous presse)

Etude rétrospective multicentrique (2005-15)

108 infection de PTG / DAIR + changement PE
33% d'infections aiguës (< 90 jours)



Taux d'effets indésirables similaires

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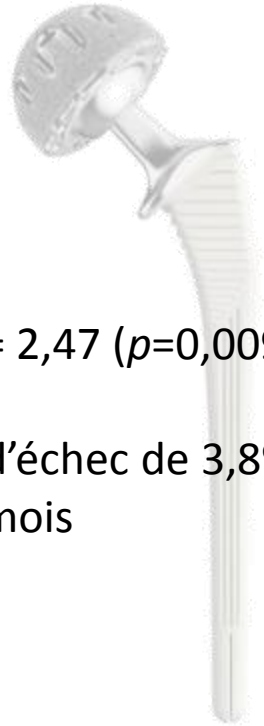

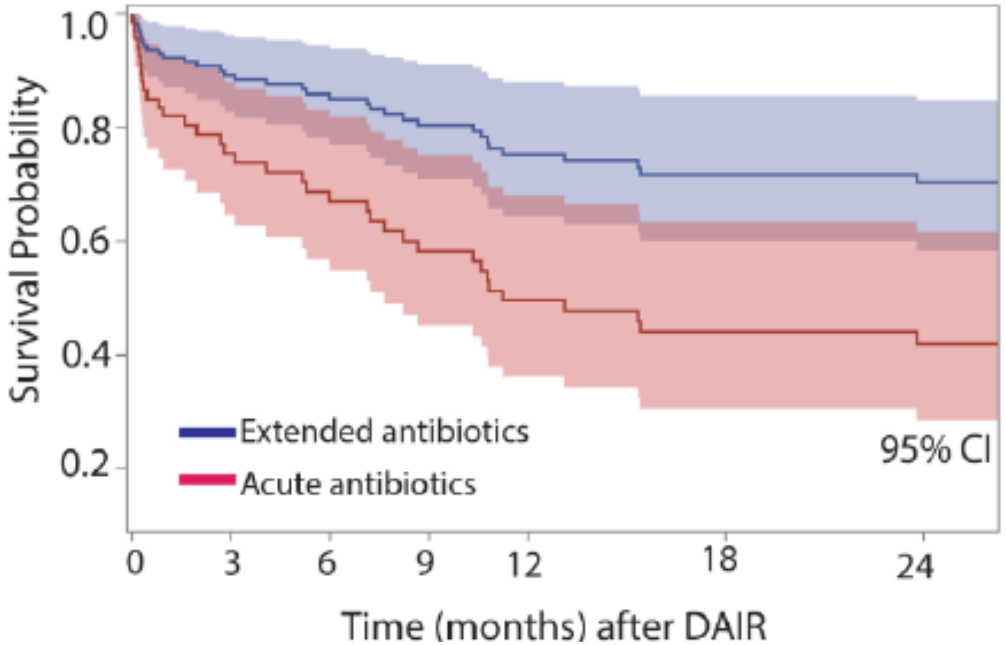

HR traitement court = 2,47 (*p*=0,009)

Réduction de risque d'échec de 3,8%/mois
Bénéficie jusqu'à 12 mois

Four versus six weeks of antibiotic therapy for osteoarticular infections after implant removal: a randomized trial

Mohamed Benkabouche[1]†, Guillaume Racloz[2,3]†, Hervé Spechbach[1], Benjamin A. Lipsky[4], Jean-Michel Gaspoz[1] and Ilker Uçkay [2,4,5]*

J Antimicrobial Chemother 2019 ; Apr (sous presse)

Essai randomisé ouvert monocentrique

4 (n=62) versus 6 (n=61) sem d'ATB après ablation
- Ostéosynthèse : 85
- Prothèse (2 temps) : 38
  Réimplantation : 30 (77%), fenêtre 2 sem

Comorbidités : 38 (31%)
Exposition du matériel : 18 (15%)
17 VAC, 11 chirurgies plastiques

ATB parentérale : <u>4 jours</u>
Nature similaire dans les 2 groupes

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17 VAC, 11 chirurgies plastiques

ATB parentérale : 4 jours
Nature similaire dans les 2 groupes

Succès clinique : 94%
Succès microbiologique : 98%

	4 sem	6 sem
Récidive clinique	4	3
Récidive microbio	2	1

NON INFERIORITE DEMONTREE

Safety and Efficacy of Prolonged Use of Dalbavancin in Bone and Joint Infections

L. Morata,[a] J. Cobo,[b] M. Fernández-Sampedro,[c] P. Guisado Vasco,[d] E. Ruano,[e] J. Lora-Tamayo,[f] M. Sánchez Somolinos,[g] P. González Ruano,[h] A. Rico Nieto,[i] A. Arnaiz,[j] M. Estébanez Muñoz,[k] M. E. Jiménez-Mejías,[l] A. B. Lozano Serrano,[m] E. Múñez,[n] D. Rodriguez-Pardo,[o] R. Argelich,[p] A. Arroyo,[q] J. M. Barbero,[r] F. Cuadra,[s] A. Del Arco,[t] M. D. del Toro,[u,v] L. Guio,[w] D. Jimenez-Beatty,[x] N. Lois,[y] O. Martin,[z] R. M. Martínez Alvarez,[aa] F. J. Martinez-Marcos,[bb] L. Porras,[cc] M. Ramírez,[dd] J. Vergas García,[ee] A. Soriano[a]

Antimicrob Agents Chemother 2019 ; 63(5):e02280-18

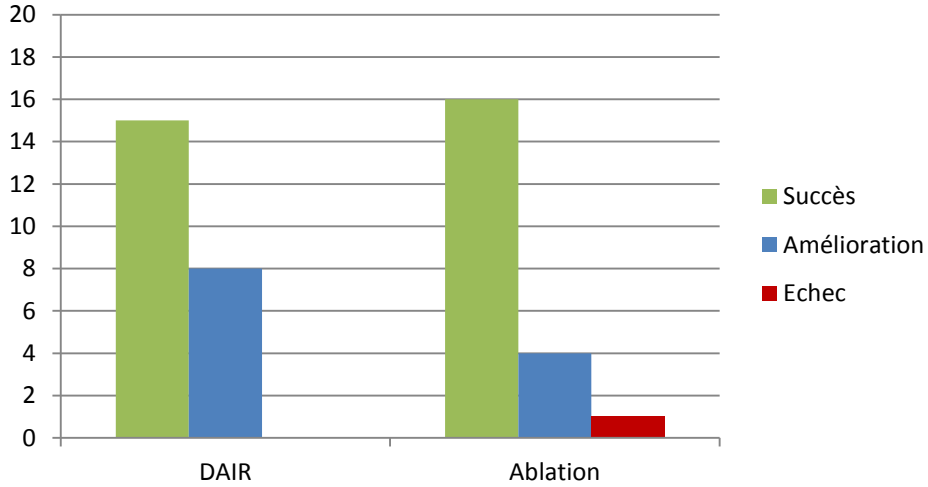
Etude rétrospective multicentrique
64 IOA ayant reçu ≥ 1 dose de dalbavancine
dont 45 sur matériel (PJI 58%)

Raisons de prescription
- Simplification 51%
- Échec 27%
- Toxicité 22%

Nombre de doses : 5 (3-8)
Schéma le plus fréquent : 1g puis 500mg/sem

7 effets secondaires, pas d'arrêt de traitement

Microorganism(s)	No. (%) of patients with: Implant-associated infection (*n* = 45)
Staphylococcus epidermidis	26 (57.7)
Staphylococcus aureus	4 (8.9)



Dual-Agent Antibiotic Prophylaxis Using a Single Preoperative Vancomycin Dose Effectively Reduces Prosthetic Joint Infection Rates With Minimal Renal Toxicity Risk

John R. Burger, DO, MS, Benjamin J. Hansen, MD, Emily V. Leary, PhD, Ajay Aggarwal, James A. Keeney, MD *

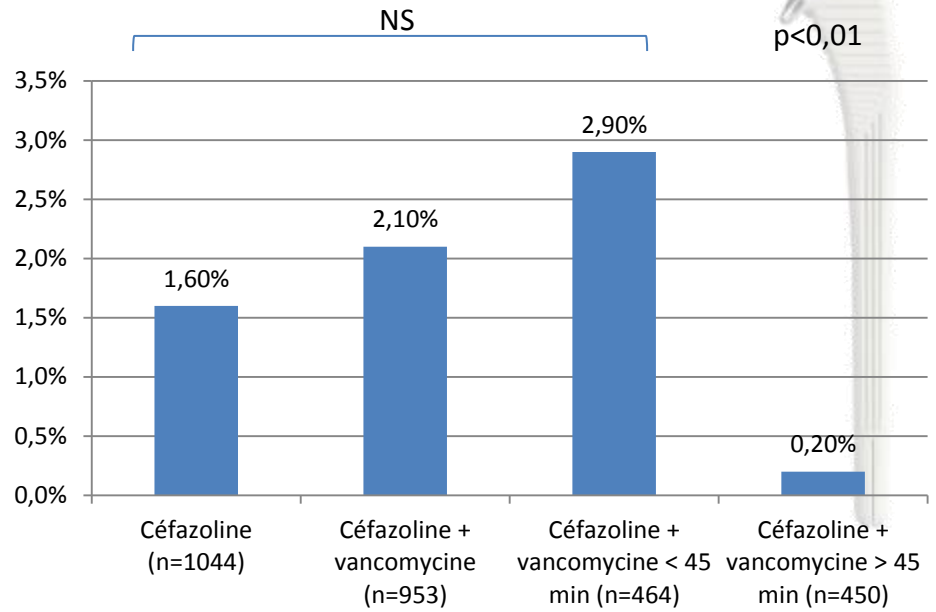
J Arthroplasty
2018 ; 33:S13-8

Etude rétrospective

Antibioprophylaxie pose de prothèse

Céfazoline (n=1044)
+/- vancomycine 1x1g (n=953)

Pas d'effet secondaire observé



Surgeons are deeply affected when patients are diagnosed with prosthetic joint infection

Charlotte Mallon[1], Rachael Gooberman-Hill[1,2], Ashley Blom[1,2], Michael Whitehouse[1,2], Andrew Moore[1]*

PLoS ONE
2018 ; 13:e0207260

Knee replacement is a common preference sensitive quality-of-life procedure that can reduce pain and improve function for people with advanced knee arthritis. While most patients improve, knee replacement surgery has the potential for serious complications. Prosthetic knee infection is an uncommon but serious complication. This study explored the impact of cases of prosthetic knee infection on surgeons' personal and professional wellbeing. Qualitative telephone interviews were conducted with consultant orthopaedic surgeons who treated patients for prosthetic knee infection in one of six high-volume NHS orthopaedic departments. Data was audio-recorded, transcribed and analysed thematically. Eleven surgeons took part. Analysis identified three overarching themes: (i) At some point infection is inevitable but surgeons still feel accountable; (ii) A profound emotional impact and (iii) Supporting each other. The occurrence of prosthetic joint infection has a significant emotional impact on surgeons who report a collective sense of devastation and personal ownership, even though prosthetic joint infection cannot be fully controlled for. Surgeons stressed the importance of openly discussing the management of prosthetic joint infection with a supportive multidisciplinary team and this has implications for the ways in which orthopaedic surgeons may be best supported to manage this complication. This article also acknowledges that surgeons are not alone in experiencing personal impact when patients have infection.


Merci !