



Letter to the editor regarding “Outcomes of patients with unexpected diagnosis of infection at total hip or total knee arthroplasty revisions”

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I read with great interest an article titled “Outcomes of patients with unexpected diagnosis of infection at total hip or total knee arthroplasty revisions” by Loppini et al. [1]. Authors performed retrospective analysis of a prospective cohort that assessed the incidence and survival of patients with unexpected periprosthetic joint infections (PJIs) in a presumed aseptic revision of total hip (THA) or knee (TKA) arthroplasties. Although they have touched a highly pertinent topic in a scientific manner, the study has brought an important issue that I would like to communicate with the authors.

In the “Patients and methods” section, the authors described that the empiric antibiotic treatment has been interrupted after seven days in patients without evidence of PJIs. However, other authoritative studies have previously stated that extending peri-operative prophylactic antibiotics (> 24 hours) in patients undergoing TKA or THA for aseptic failures does not provide any additional benefit in terms of reducing the risk of subsequent PJIs [2, 3]. Inappropriate use of antibiotics may lead to the emergence of antimicrobial resistance and an increased risk of opportunistic infections [4]. Therefore, we do not think it is reasonable that

the empiric antibiotic treatment has been interrupted after seven days in patients without evidence of PJIs. The Journal of “International Orthopaedics” is a very influential journal, and as such, we feel obligated to point out this issue in order to ensure that readers are aware of more rational use of antibiotics in a presumed aseptic revision of THA or TKA.

Declarations

Conflict of interest The authors declare no competing interests.

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A statement of the location where the work was performed The work was performed in Department of Orthopaedic Surgery, West China Hospital, Sichuan University.

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