

Reply to “Comment on Morii et al.: Surgical site infection in malignant soft tissue tumors”

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Dear Editor,

We would like to thank the commentators for their interest in our recent publication, “Surgical site infection in malignant soft tissue tumors” [1]. Basically we agree with the comment that the quality of the hospital care control measures for the cases of patients with soft tissue sarcoma undergoing surgery should be re-evaluated and revised. We recognize the significance of the quality of the infection control measures at each hospital. In general, preoperative antibiotic administration before incision, appropriate antibiotic selection, appropriate hair removal and discontinuation of prophylactic antibiotics may be expected to reduce the incidence of surgical site infections [2–4]. Indeed at our institute, at present, most of the recommended measures for the care of patients with soft tissue sarcoma are undertaken.

To date, few data have been published in regard to the quality of hospital care for patients with soft tissue sarcoma. The risks for wound complication reported from previous studies include radiotherapy, diabetes mellitus, smoking, tumor location, age, tumor size, volume of blood loss, operation time and duration of drainage [1]. However, previous reports on surgical site infections after surgery for soft tissue tumors have not described in detail the actual modalities needed as hospital infection control measures for the care of these patients. Accordingly, whether the implementation of the above-mentioned surgical care program for general surgery or conventional orthopaedic

surgery might also be effective for the prevention of surgical site infections under such specific circumstances, in which the patients’ immunological status may differ entirely from that of conventional orthopedic patients because of the lack of adequate soft tissues, presence of a large dead space, irradiated soft tissues present at the site of involvement and immunodeficiency caused by systemic chemotherapy remains unknown. We think that the actual effectiveness of each hospital infection control program for the prevention of surgical site infections after surgery for soft-tissue sarcoma should be validated in the future.

References

1. Morii T, Mochizuki K, Tajima T, Ichimura S, Satomi K. Surgical site infection in malignant soft tissue tumors. *J Orthop Sci*. 2012;17:51–7.
2. Mangram AJ, Horan TC, Pearson ML, Silver LC, Jarvis WR. Guideline for Prevention of Surgical Site Infection, 1999. Centers for Disease Control and Prevention (CDC) Hospital Infection Control Practices Advisory Committee. *Am J Infect Control*. 1999;27:97–132.
3. Gillespie WJ. Prevention and management of infection after total joint replacement. *Clin Infect Dis*. 1997;25:1310–7.
4. Bryan CS, Morgan SL, Caton RJ Jr. Cefazolin versus cefamandole for prophylaxis during total joint arthroplasty. *Clin Orthop Relat Res*. 1988;228:117–22.

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