

is therefore better avoided.^{2,5} If at all used, the drain should be used only to limit the volume of hematoma and should be removed as soon as possible.² Thus, drains cannot be a blanket recommendation here since the eluted antibiotic will come out of the postoperative wound against the intended high local concentration of eluted antibiotics.² Since the local antibiotic concentration is highest in the first 48–72 hours after antibiotic cement implantation,¹ judicious drainage only may be recommended.^{3,5} It is unclear as to how exactly and meticulously the bone cement (used in primary surgery for implant fixation) needs to be removed during debridement, particularly if the implant was well fixed on one side (tibial or femoral), since these are potential sources of bacterial biofilm and nonunions. Lastly, the clinical picture with ambulatory and functional status of the cases (besides the status of radiological union) is quite important but is not mentioned in this paper.

Bhaskar Borgohain

Department of Orthopaedics,
North Eastern Indira Gandhi Regional
Institute of Health and Medical Sciences,
Mawdiangdiang, Shillong, India

Address for correspondence: Dr. Bhaskar Borgohain,
Faculty Member, Department of Orthopaedics, Room No. 4. OPD Block,
North Eastern Indira Gandhi Regional Institute of
Health and Medical Sciences (NEIGRIHMS),
Mawdiangdiang, Shillong - 793 018, India.
E-mail: bhaskarborg@gmail.com

Salvage of infected total knee arthroplasty with Ilizarov external fixator

Sir,

We read with interest the article titled “Salvage of infected total knee arthroplasty with Ilizarov external fixator” by Reddy *et al.*¹ The indications or inclusion criteria for Ilizarov external fixator as a salvage procedure are not clear, particularly when antibiotic sensitive bacteria are present with a potential for a revision joint replacement instead.² In the third paragraph under the section Materials and Methods, the authors had mentioned that in the two-stage procedure for salvage with Ilizarov external fixator, antibiotic impregnated bone cement were used, but postoperatively they routinely used suction drain. The local antibiotic concentration is highest in the first 48–72 hours after antibiotic cement implantation and a postoperative drain

REFERENCES

1. Reddy VG, Ramireddy VK, Mootha AK, Thayi C, Kantesaria P, Reddy D. Salvage of infected total knee arthroplasty with Ilizarov external fixator. *Indian J Orthop* 2011;45:541-7.
2. Sharma V, Ranawat AS, Ranawat CS. Management of infected total knee replacement Punjab *J Orthop* 2009;11:60-8.
3. Walenkamp GH. Local antibiotics in arthroplasty: State of the Art from an interdisciplinary point of view. In: Walenkamp GH, Editor. *Treatment of infected prosthesis: the Dutch experience*. Stuttgart (Germany): Georg Thieme Verlag; 2007.p.133-44.
4. Dabov GD. Osteomyelitis. In: Campbell's Operative Orthopaedics, 11th ed. Mosby/Elsevier, Philadelphia, 2008, pp 695-722.
5. Samuel S, Ismavel R, Boopalan PR, Matthai T. Practical considerations in the making and use of high-dose antibiotic-loaded bone cement. *Acta Orthop Belg* 2010;76:543-5.

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| Quick Response Code: | Website: www.ijoonline.com |
|  | DOI: 10.4103/0019-5413.98839 |