

Gestion des patients avec genou infecté sur une prothèse totale de genou

Management of patients with septic knee following a Total Knee Replacement

Sumaili A, Trauma Orthopaedic Surgeon, Royal National Orthopaedics Hospital, Stanmore, England

Summary

Patients with septic knee is common and universal presentation to emergency departments or surgical outpatient clinics, and the assessment requires the use of knowledge, abilities, skills and competences on decision – making to undertake a care plan and provide an effective management. This article discusses the importance of aetiology and pathology, clinical features, diagnostics and investigations, management and complications as well as prognosis.

- Incidence: It is seen more often in children, young adults and the elderly. It is more common in the developing world and in patients with a predisposing factor.

- Aetiology and pathology: Infection reaches knee joint via haematogenous route and micro-organisms: bacteria and viruses such as *Haemophilus influenza*, *Neisseria gonorrhoea*, and *Staphylococcus aureus* are more common.

- Clinical features: the patient will have an acutely hot swollen knee joint with fever, extremely pain and systematically unwell or may happen in approximately within weeks in post-operative.

- Diagnosis and investigations: blood tests, x-rays, ultra- sound scanning, CT scan and MRI scan. Arthroscopy may plan if necessary.

- Management: - conservative option of using analgesia to relieve pain and splitting the limb. Antibiotics as directed by microbiologist. – Finally surgical option by washout and drainage.

- Complications: recurrence of infection, spreading to parts of the body, destruction of joint (ankylosis), amputation.

- Prognosis: good if treated promptly but very poor if knee joint destruction occurs. It can be fatal if untreated or missed it.

Conclusion. It important that clinicians with interests in the trauma-orthopaedics surgery to be competent with skills, abilities and knowledge that enable them to perform excellent patient's care and be also aware of the latest research in the sepsis as consequences in post-operative. A multi-disciplinary team should be involved in the benefit of patient's care delivery.

References: A list of 35 references has been provided.